

DEC 3 JUL 25 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23108

Do not use this space.

1. PLACE OF DEATH *Stoddard* ✓
 (a) County *Stoddard* Registration District No. *834*
 (b) Township *Pike* Primary Registration District No. *6097* Registered No. *16*
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Hazel Eugene Green* *65*
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ✓

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
= 1 =

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. ✓
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation..... *D*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓

FATHER 13. NAME *John Green*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *MO*

MOTHER 15. MAIDEN NAME *Rosa M. Haber*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *MO*

17. INFORMANT (ADDRESS) *Marian Green*
*Bill City, Mo.*18. BURIAL, CREMATION, OR REMOVAL PLACE *Gravel Hill* DATE *6-16-38*19. FUNERAL DIRECTOR (ADDRESS) *Chiles and Co*
*Blountfield, Mo.*20. FILED *7-9* 19 *D & M* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6-10* 19*38*22. I HEREBY CERTIFY, That I attended deceased from *6/9* 19*38* to *6/10* 19*38*I last saw him alive on *6/10* 19*38* Death is saidto have occurred on the date stated above, at *8:00* a.m. - *PM*

The principal cause of death, and related causes of importance were as follows:

Colitis

Date of onset

Other contributory causes of importance: *11/9/38*

Name of operation..... Date of.....

What test confirmed diagnosis? *None* Was there an autopsy? *No*23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. *-*

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *No*If so, specify *C.O. Bennett, M.D.*(Signed) *C.O. Bennett, M.D.*(Address) *Bill City, Mo.*

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

OFFICE OF THE COMMISSIONER OF HEALTH, DEPARTMENT OF HEALTH, STATE OF CALIFORNIA

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23108
Do not use this space.

1. PLACE OF DEATH
 (a) County Stoddard Registration District No. 834
 (b) Township Pine Primary Registration District No. 6097 Registered No. 16
 (c) City (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harel Eugene Green
 (a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/10/38
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 FATHER
 13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 MOTHER
 15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 17. INFORMANT (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....
 19. FUNERAL DIRECTOR (ADDRESS)
 20. FILED 7/9 19 38 D S McCall Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-10 1938
 22. I HEREBY CERTIFY, That I attended deceased from to 19.....
 I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at..... m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset
 Other contributory causes of importance:
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury..... 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury.....
 Nature of injury.....
 24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify (Signed) C. J. Bennett, M. D.
 (Address) Bell City Mo

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

