

REC'D JAN 25 1938

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

43392

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
(b) Township Malena Primary Registration District No. 2002 Registered No. _____
(c) City Joplin (d) Street No. 2401 New Jersey 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 Jonah Lee Green

(a) Residence, No. 2401 New Jersey 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 21, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 3 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Miner

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) Granby, Mo.

13. NAME William Green

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Mary Myers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Ola Green
(ADDRESS) 2401 New Jersey

18. BURIAL, CREMATION, OR REMOVAL PLACE Granby, Mo. DATE Dec. 13, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thomhill-Dillon
Joplin, Mo.

20. FILED 12-13-38 Ed D. James
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1935, 19, to Dec 11, 1938

I last saw him alive on Dec 1st, 1938 Death is said to have occurred on the date stated above, at 430

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

Pulmonary Tuberculosis Date of onset 1935

Other contributory causes of importance: 27

Name of operation _____ Date of _____

What test confirmed diagnosis Labatory 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 H. Terleer (Signed) _____, M. D.

(Address) Joplin Mo

MAILED
JAN 10 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

David Dillon, or by

Registered Apprentice No., working under my personal supervision.

Signed *David Dillon*

Licensed Embalmer No. *3898*

P. O. Address *Joplin Mo.*

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

If this body is not embalmed, above space should be left blank.