

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

Do not use this space.

30164

PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St Joseph

Primary Registration District No. 1001

City St Joseph (No. No Meth Loop)

File No. _____

Registered No. 1116

St. _____ Ward _____

2. FULL NAME

Leonard Robert Green (Davis)

(a) Residence. No. 1442 North 13th St., _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

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

June 13 1917

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

12

3

10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. School Boy

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

St Joseph

(STATE OR COUNTRY)

10. NAME OF FATHER

Richard E. Davis

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Buchanan Mo

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Francis Green

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

St. Louis Mo

(STATE OR COUNTRY)

14. INFORMANT

Mrs. C. A. Rethemeyer

Address

1442 North 13th

15. FILED

24 1929

John G. Webb
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Sept. 23 1929

17.

I HEREBY CERTIFY, That I attended deceased from VIEWED on

_____ 19____, to _____ 19____ that I last saw h. _____ alive on _____ 19____, and that death occurred, on the date stated above, at 10:35 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Fractured Skull and Right Arm. Result of Auto accident at 6th & Lincoln 210M (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

1880 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) B. W. Talbot Coroner, M. D.

9/24 1929 (Address) St Joseph Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Helena, Missouri Sept. 25 1929

20. UNDERTAKER

ADDRESS

Heeman Funeral Home Inc 1446 Colham

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

22 1929

26

105

ALICE