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

Do not use this space.

36154

JAN 17 1928

1. PLACE OF DEATH

County: Calloway — Registration District No.: 104

Township: — Primary Registration District No.: 3008

City: Fulton — (No. State Hosp) — St. — Ward)

File No.: — Registered No.: 241

2. FULL NAME: Giles Green

(a) Residence. No. — St., — Ward.
(Usual place of abode) — (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: 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

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

7. AGE — YEARS: Don't Know — MONTHS — DAYS — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

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

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Don't Know
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER: Don't Know

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Don't Know
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER: Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Don't Know
(STATE OR COUNTRY)

14. INFORMANT: State Hospital No. 1, Fulton
(Address)

15. Filed Dec. 10, 1927 — R. N. Crews, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12-10 1927

17. I HEREBY CERTIFY, That I attended deceased from 12-1, 1927, to 12-10, 1927, that I last saw him alive on 12-9, 1927, and that death occurred, on the date stated above, at 2 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis
Acute Dilitation of Heart
97
1 1/2 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. R. Pendley, M. D.
12-10, 1927 (Address) Fulton 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: Elmwood — DATE OF BURIAL: Don't Know

20. UNDERTAKER: Wm P. Sutter — ADDRESS: Mexico Mo.

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