

H 21 1928

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

Do not use this space.

1. PLACE OF DEATH

County Hunter
Township Buffalo
City Buffalo (No.)

Registration District No. 611
Primary Registration District No. 5813

File No. 5760
Registered No.
St. Ward

2. FULL NAME

William Herman Green

(a) Residence. No. St. Ward Johnnie Mo
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 3 1877

7. AGE YEARS 49 MONTHS 10 DAYS 10 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work As Professor in
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo
(STATE OR COUNTRY)

10. NAME OF FATHER J. H. Green

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Massena, Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Julia Mullens

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT J. H. Green
(Address) Nebraska BFD

15. FILED 3/10 1928 C. E. Norris
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13 1928

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 , that I last saw h. alive on , 19 , and that death occurred, on the date stated above, at 9 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary tuberculosis

237 5/
3/
(duration) 9 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)
5/13 1928 (Address) Nebraska

*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 Homeless level
DATE OF BURIAL 7/15 1928

20. UNDERTAKER
ADDRESS

50-

The first part of the document discusses the importance of maintaining accurate records of all transactions. It is essential to ensure that every entry is properly documented and verified. This process helps in identifying any discrepancies or errors early on, preventing them from escalating into larger issues.

Furthermore, the document emphasizes the need for transparency and accountability. All stakeholders should have access to the relevant information, and any changes or updates should be communicated promptly. This approach fosters trust and ensures that everyone is working towards the same goals.

In addition, the document highlights the significance of regular communication and collaboration. By holding frequent meetings and encouraging open dialogue, the team can stay aligned and address any challenges as they arise. This collaborative environment is crucial for the success of any project.

Finally, the document concludes by reiterating the importance of continuous improvement. It is not enough to simply follow a set process; one must be willing to learn from mistakes and adapt to changing circumstances. This mindset is what sets successful organizations apart from the rest.

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Newton Registration District No. 611 File No.
 Township Buffalo Primary Registration District No. 5813 Registered No.
 City (No.) St. Ward)

2. FULL NAME

William Herman 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 M. 4. COLOR OR RACE SO 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) APR 13 - 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
50 10 00

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT (Address)

15. FILED 3/10 1928 C. E. Harris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-12 19 28

17. I HEREBY CERTIFY That I attended deceased from 19....., 19..... that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

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)....., M. D.

, 19 (Address)

*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

19

20. UNDERTAKER ADDRESS

RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author outlines the various methods used to collect and analyze the data. This includes both primary and secondary data collection techniques. The primary data was gathered through direct observation and interviews with key personnel. Secondary data was obtained from existing reports and databases.

The analysis of the data revealed several key trends and patterns. One significant finding was the correlation between certain variables, which suggests a causal relationship. This insight is crucial for understanding the underlying factors influencing the outcomes.

The final section of the document provides a comprehensive summary of the findings and offers practical recommendations for future actions. It highlights the areas where improvements can be made and suggests specific strategies to address the identified issues.

The data collected over the period of six months shows a steady increase in the number of transactions. This growth is attributed to several factors, including improved marketing strategies and enhanced customer service. The overall performance has been positive, with a notable increase in customer satisfaction scores.

The financial records indicate that the company has maintained a healthy profit margin throughout the period. This is a result of efficient cost management and strong sales performance. The budget was closely followed, with only minor deviations noted.

The human resources department has successfully implemented the new recruitment process, leading to a higher quality of hires. The training programs have also been well-received, resulting in improved employee productivity and retention rates.

The marketing department has launched several successful campaigns, reaching a wider audience and generating more leads. The digital marketing efforts have shown particular promise, with a significant increase in website traffic and conversion rates.

The operations team has streamlined the supply chain process, reducing lead times and minimizing waste. This has led to cost savings and improved customer delivery times. The overall operational efficiency has been a key factor in the company's success.