4 1928

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

Do not use this space.

10293

1. PLACE OF DEATH

County St Charles — Registration District No. 756 — File No.

Township St Charles — Primary Registration District No. 5997 — Registered No.

City — (No. 11 Miles N. E. of St Charles St. Ward)

2. FULL NAME John Henry Green

(a) Residence. No. 11 Miles N. E. of St Charles Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 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: Martha A. Green

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb - 21 - 1852

7. AGE: 76 YEARS — MONTHS: 1 — DAYS: 9 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farming
(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): Newbury Post Mass.

PARENTS

10. NAME OF FATHER: William Green
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Carlyhs England
12. MAIDEN NAME OF MOTHER: Jane Gaddis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Glasco Scotland

14. INFORMANT: Wm H Green (Address) St Charles Co Mo

15. FILED March 30 1928 C. A. Barnard M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 30 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1928, to March 30, 1928 that I last saw him alive on Mar. 28, 1928, and that death occurred, on the date stated above, at 6 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Rectum

H.D. (duration) 2 yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) 45 (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? Laboratory analysis

(Signed) C A Barnard, M.D.

March 30 1928 (Address) Portage Des Sioux 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: Bethel Ill. — DATE OF BURIAL: April 2 - 1928

20. UNDERTAKER: Steinbrinker Furn. Co — ADDRESS: St Charles 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.