L 25 1928

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

Do not use this space.

1. PLACE OF DEATH
County Lafayette — Registration District No. 460 — File No. 24280
Township — Primary Registration District No. 4274 — Registered No. 54
City Higginsville, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Fountain Haden 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. ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF (OR) WIFE OF: Fannie Green

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1857

7. AGE: 71 Years Dont Months Know Days Birth day — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(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): Saline Co. Mo.

PARENTS
10. NAME OF FATHER: Jackson Green
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unkown
12. MAIDEN NAME OF MOTHER: Mary Payne
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: W H Burnett
(Address): 2614 Jackson Ave Kansas City Mo

15. FILED 7-6, 1928 Bessie P Porter, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 4th 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug, 1927, to July 4th, 1928, that I last saw him alive on July 4th, 1928, and that death occurred, on the date stated above, at 4 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uremic Coma
131
132 B
(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY): Chronic Interstitial Nephritis
(duration) 1 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1390
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Diagnosis
(Signed) W H Porter, M.D.
, 19 (Address) Higginsville 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: City — DATE OF BURIAL: 7/6/28 19

20. UNDERTAKER: A H Hader — ADDRESS: Higginsville, 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.