

1928

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

Do not use this space.

1. PLACE OF DEATH

County Stoddard  
Township Carter  
City Essex R. 7 (No. ....)

Registration District No. 837  
Primary Registration District No. 6099

File No. 29459  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Edw. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 OF (OR) WIFE OF Lizzie Green  
March 11-12-47

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 11-12-47

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
81 5 16

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

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

PARENTS  
10. NAME OF FATHER Lewis Green  
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) Mo.  
(STATE OR COUNTRY)

14. INFORMANT Wm. Shivers  
(Address) Blansfield Mo.

15. FILED July 1928 Edw. Green REGISTRAR  
9-5

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 27<sup>th</sup> 1928  
17. ....

I HEREBY CERTIFY That I attended deceased from July 28<sup>th</sup> 1928 to Aug 27<sup>th</sup> 1928  
that I last saw him alive on Aug 26<sup>th</sup> 1928 and that death occurred, on the date stated above, at Blansfield, Mo.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Apoplexy  
82A  
97 (duration) .... yrs. .... mos. .... da.

CONTRIBUTORY (SECONDARY) Serial Artistic school  
(duration) .... yrs. .... mos. .... da.

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF ..

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) W. S. Davis M. D.  
, 19 (Address) Blansfield

\*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 Bluff Cemetery DATE OF BURIAL 8/27 1928

20. UNDERTAKER Jas. A. Childs ADDRESS Bluff

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.

