

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

Do not use this space.

29933

**1. PLACE OF DEATH**

County Carroll  
Township Ridge  
City Bosworth (No. \_\_\_\_\_)

Registration District No. 134  
Primary Registration District No. 5786

File No. \_\_\_\_\_  
Registered No. 15  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Ben. C. Green

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 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 Hattie Green

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 29, 1878

7. AGE YEARS MONTHS DAYS H LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
50      1      18

**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) Carroll Co. Mo.  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Green

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

12. MAIDEN NAME OF MOTHER MRS Mary Blakeley

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

14. INFORMANT Hill Green  
(Address) Clattie Kansas

15. FILED Oct 9 1928 Marl Boss Brown  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept, 17, 1928

17. I HEREBY CERTIFY That I attended deceased from Sept 17, 1928 to Sept 17, 1928  
that I last saw him alive on Sept 17, 1928 and that death occurred, on the date stated above, at 4:00 P.M.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

encephalitis of the Puro baseroli

113

78B

CONTRIBUTORY Influenza  
(SECONDARY)

**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? Clinical

(Signed) Marl Boss Brown M. D.

, 19 (Address) Bosworth 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**      **DATE OF BURIAL**

Big Creek Cemetery      9-19 1928

20. UNDERTAKER Frederick Bosworth  
ADDRESS

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

24 1928

Pons. Varolii