WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

38807

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1005 Registered No. 11467

City St Louis (No. St Louis Hospital St. ..... Ward)

2. FULL NAME Norman Green

(a) Residence. No. Hannibal St. 12 Mo. Ward. Hannibal 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: Male
4. COLOR OR RACE: White
5. SINGLE, ~~MARRIED, WIDOWED OR DIVORCED (write the word)~~: Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar-28-1901

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
27	7	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Photographer
(b) General nature of industry, business, or establishment in which employed (or employer): Self 208 Pa
(c) Name of employer: 208 P

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

PARENTS

10. NAME OF FATHER: Chas A Green
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: A H Albig
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Filcoly
(STATE OR COUNTRY) E Mo

14. INFORMANT Emmet Beckham
(Address) 3823 Avondale ave

15. FILED NOV 24 1928 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 21 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 4:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shock & Burns Collision of Automobile with Street Car (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) St Louis City Municipal Carelessness (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 188 C
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) R. S. Vitt, M. D
23/XI, 1928 (Address) Coroner

*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: Memorial Park
DATE OF BURIAL: 11/24 1928

20. UNDERTAKER: Drehmann Hoval Union
ADDRESS: 1905