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

Do not use this space.

25431

1929 80

1. PLACE OF DEATH
County: Pettis
Township: Blackwater
City: ..... (No. ....., ... St. ..... Ward)
Registration District No. 112
Primary Registration District No. 5556
File No. .....
Registered No. 9

2. FULL NAME: Jacob Van Meter 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 40 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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE~~ OF: Susan Francis Green

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 5 1834

7. AGE: Years 95 | Months – | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

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: .....

53E

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY): Hardin Co - Ky

PARENTS

10. NAME OF FATHER: Jesse Green
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): England
12. MAIDEN NAME OF MOTHER: Elizabeth Van Meter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Ky

14. INFORMANT: Mrs D. S. Beauchamp
(Address): Sweet Springs Mo

15. FILED July 5 1929 Florence E. Tyler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 4, 1929

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1929, to July 4, 1929, that I last saw him alive on June 28, 1929, and that death occurred, on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Right Hand (duration) yrs. 10 mos. ds.

CONTRIBUTORY (SECONDARY) ..... (duration) yrs. mos. ds.

49

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

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) A. P. Pringle, M. D
(Address) Sweet Springs Mo. 6-4-1929

*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: Farmer
DATE OF BURIAL: July 5 1929

20. UNDERTAKER: Jesse Harvey
ADDRESS: Sweet Springs 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.