

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

Do not use this space.

30432

**1. PLACE OF DEATH**

County Daviess Registration District No. 250  
 Township Union Primary Registration District No. 4150  
 City Gallatin (No.         )  
 St.          Ward         

**2. FULL NAME**

Vernon 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)         

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 20-1920

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
9 6 4                           

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Student  
 (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) Daviess Co. Mo.

10. NAME OF FATHER Forest Green

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Daviess Co. Mo.

12. MAIDEN NAME OF MOTHER Alma Cook

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Daviess Co. Mo.

14. INFORMANT Forest Green  
 (Address) Gallatin Mo.

15. FILED 9/25/29 Ph Gardner  
 REGISTER

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 24 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1929, to Sept. 24, 1929 that I last saw him alive on 10:00 P.M. 9-24, 1929, and that death occurred, on the date stated above, at 8:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Diphtheria  
10

CONTRIBUTORY (SECONDARY) 10  
 (duration) yrs. mos. da.

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF           
 WAS THERE AN AUTOPSY?         

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) L.R. Doolin, M.D.  
9-25, 1929 (Address) Gallatin, 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 Lile Cemetery DATE OF BURIAL 9/25-1929

20. UNDERTAKER H.A. Hope ADDRESS Gallatin

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.

OCT 23 1929

