

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

Do not use this space.

36845

1. PLACE OF DEATH

County Greene
Township Albany
City Albany (No. _____)

Registration District No. 309
Primary Registration District No. 6427

File No. _____
Registered No. 50
St. _____ Ward _____

2. FULL NAME

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. mos. _____ ds. _____
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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 25-1884</u>		
7. AGE <u>84</u>	YEARS <u>3</u>	MONTHS <u>15</u>
		DAYS <u>15</u>
		If LESS than day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
Farming
(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)

Henry Co. Indiana

10. NAME OF FATHER

Green, T. Simpson

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

Ind.

12. MAIDEN NAME OF MOTHER

Hannah Edelman

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

Ind.

14. INFORMANT (Address)

W. J. Cherry
Stanton, Mo.

15. FILED

11/11/29 W. J. Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 10 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1929, to Nov 10, 1929, that I last saw him alive on Nov 9, 1929, and that death occurred, on the date stated above, at 7-0 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Haemorrhage
82A

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. 10 ds.
1/4 hr.
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? ✓ DATE OF 29

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) C. E. Graham, M. D.

Nov 10, 1929 (Address) Albany 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

Henry Co. Mo
Stanton Cemetery
20. UNDERTAKER
Labor, F. Phillips

DATE OF BURIAL

11/11/29

ADDRESS

Stanton 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.

1. The first step in the process of the investigation is the identification of the problem. This is done by the investigator who is responsible for the investigation. The investigator must identify the problem and the scope of the investigation. This is done by the investigator who is responsible for the investigation. The investigator must identify the problem and the scope of the investigation.

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THE UNIVERSITY OF CHICAGO

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

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