

FEB 20 1930

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

Do not use this space.

2010

1. PLACE OF DEATH

County Morgan
Township Versailles
City Versailles (No. _____)

Registration District No. 598
Primary Registration District No. 4355

File No. _____
Registered No. 5 St. _____ Ward)

2. FULL NAME

unnamed

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 11 1930</u>		
7. AGE	YEARS	MONTHS
		DAYS
		<u>11</u>
		IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

(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) Missouri

10. NAME OF FATHER John Egner Green

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

12. MAIDEN NAME OF MOTHER Mary E Breshears

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

14. INFORMANT John Egner Green
(Address) Versailles, Mo

15. FILED 1/22 1930 H N Lutman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 22 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 11 1930 to Jan 22 1930
that I last saw alive on Jan 20 1930, and that death occurred, on the date stated above, at 9:12 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mania

158 (duration) _____ yrs. _____ mos. 11 ds.

CONTRIBUTORY (SECONDARY) 160 (duration) _____ yrs. _____ mos. _____ ds.

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Autopsy
(Signed) S. H. Newton M. D.

Jan 22 1930 (Address) Versailles 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 John E Green faith DATE OF BURIAL 1-23 1930

2. UNDERTAKER _____ ADDRESS _____

Occupation is very important.

