MAR 28 1930

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

Do not use this space.

5519

1. PLACE OF DEATH

County Lafayette — Registration District No. 460 — File No.

Township — Primary Registration District No. 4274 — Registered No. 18

City Higginsville, (No. ..... St. ..... Ward)

2. FULL NAME Jesse Lee 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Negro

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Etta Green Deceased

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 2nd 1872

7. AGE: 57 YEARS — MONTHS: 11 — DAYS: 12 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Dover, Mo.
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Joe Green

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

12. MAIDEN NAME OF MOTHER: Unknown

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

14. INFORMANT: Mary S Kirby
(Address) Higginsville, Mo.

15. FILED 2-15, 1930 Bessie P Porter
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Febr 14 1930

17. I HEREBY CERTIFY, That I attended deceased from Febr 9, 1930, to Febr 14, 1930, that I last saw him alive on Feb 13, 1930, and that death occurred, on the date stated above, at 11:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
131
82A

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY): Chronic Nephritis

(duration) ? yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. DeVoine Guyot, M. D

, 19 (Address) Higginsville 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: Dover Cemetary — DATE OF BURIAL: 2/16/30 19

20. UNDERTAKER: A H Hader — ADDRESS: Higginsville, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.