

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

Do not use this space.

9758

**1. PLACE OF DEATH**

County St. Louis  
Township St. Louis  
City St. Louis (No. ....)

Registration District No. 655  
Primary Registration District No. 5372

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME** William James Green

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 8 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) mar 3, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
70      0      19

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 —

9. BIRTHPLACE (CITY OR TOWN) Clifton  
(STATE OR COUNTRY) Texas

10. NAME OF FATHER Thos J. Green

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

12. MAIDEN NAME OF MOTHER Beth Churchman

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

14. INFORMANT Wm Green  
(Address) St. Louis R. 1

15. FILED 4/5/30 1930 Max P. Kelly REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-22-1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1930, to March 2, 1930 that I last saw him alive on 21, 1930 and that death occurred, on the date stated above, at — m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Infection from bed with Prostetic disease

127 (duration) yrs. 3 mos. .... ds.

CONTRIBUTORY (SECONDARY) 135 (duration) yrs. .... mos. .... ds.

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

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS hematology only

(Signed) J. H. ... M. D.

(Address) St. Louis, 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 Green Cem DATE OF BURIAL 3-23-1930

20. UNDERTAKER Greenman ... ADDRESS St. Louis, Mo.

