

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

Do not use this space.

20001

PLACE OF DEATH

County Macon

Registration District No. 533

File No. _____

Township _____

Primary Registration District No. 3027

Registered No. 56

City Macon (No. _____)

St. _____ Ward _____

2. FULL NAME Wm 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 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 23 1930

17. I HEREBY CERTIFY, That I attended deceased from 3 years, 19 _____ to _____ 19 _____ that I last saw him alive on June 5 1926, and that death occurred, on the date stated above, at 10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of face and neck - sup. lip. - 7 yrs. 3 mos. 3 ds.
CONTRIBUTORY (SECONDARY) Cancer of face and neck (duration) 7 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) A. M. Ramm M. D.
6/24 1930 (Address) Macon 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 Concord Cemetery DATE OF BURIAL June 26 1930

20. UNDERTAKER Alburt Skinner ADDRESS Macon Mo

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) DEC 28-1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 5 25

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) Macon Co
(STATE OR COUNTRY) Mo

10. NAME OF FATHER R. Green

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

12. MAIDEN NAME OF MOTHER Eliz. Morrow

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

14. INFORMANT J. L. Green
(Address) Passaic Mo

15. FILED 30 1930 Mrs Luke Dunkle REGISTRAR

Exact statement of OCCUPATION is very important.

PARENTS

