

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

Do not use this space

31453

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **ST. LOUIS** (No. **2901 A**, **MARKET** St. Ward)

File No.
 Registered No. **9060**
 St. Ward)

2. FULL NAME DANIEL J. GREEN

(a) Residence. No. **2901A MARKET** St. **18** 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 **COLORED**
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **JUNE 5, 1930**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	10	3	11	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **NONE**
 (b) General nature of industry, business, or establishment in which employed (or employer) **School**
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) **VIAN OKLAHOMA**
 (STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER WILLIE GREEN
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) VIAN OKLAHOMA (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER MARTHA VANN
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) VIAN OKLAHOMA (STATE OR COUNTRY)

14. INFORMANT **W.M. GREEN**
 (Address) **2901A MARKET ST**

15. **SEP 19 1930**
 FILED 19 _____ REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **9/16 1930**
 17. I HEREBY CERTIFY, That I attended deceased from **Sept 15**, 19**30**, to **Sept 16**, 19**30**, that I last saw him alive on **Sept 15**, 19**30**, and that death occurred, on the date stated above, at **4:30 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Subacute Endocarditis
91A
92A (duration) yrs. **6** mos. ds.
17A embolism of the heart
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **POW**
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY.....
 WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) **Thos. G. Lewis**, M. D.
9/17, 19 30 (Address) **2901A MARKET ST**

*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 **VIAN OKLAHOMA**
 DATE OF BURIAL **9-21 1930**

20. UNDERTAKER **L.S. WILLIAMS**
 ADDRESS **3232 PINE ST. ST. LOUIS, MO**

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

