

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

Do not use this space.

37168

**PLACE OF DEATH**  
 County St. Clair Registration District No. 765  
 Township \_\_\_\_\_ Primary Registration District No. 4460  
 City Osceola (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward)

**2. FULL NAME** Ezephene G. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, <del>OR DIVORCED</del> <u>Widowed</u> HUSBAND OF (OR) WIFE OF <u>Gustorus Green</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 1, 1860</u>				
7. AGE	YEARS	MONTHS	Days	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>70</u>	<u>6</u>	<u>19</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Second hand Jew</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Merchant</u> (c) Name of employer _____				
9. BIRTHPLACE (CITY OR TOWN) <u>Scottsbluff</u> (STATE OR COUNTRY) <u>Iowa</u>				
PARENTS	10. NAME OF FATHER <u>George Gillin</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Iowa</u>			
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) _____			
14. INFORMANT <u>Gene E. Dickson</u> (Address) <u>Winterset Iowa</u>				
15. FILED <u>11/21</u> 19 <u>30</u> <u>Ruth Seever</u> REGISTRAR				

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov-20 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1930, to Nov 20, 1930 that I last saw him alive on 11-20, 1930, and that death occurred, on the date stated above, at 10:30 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Angina Pectoris with atherosclerosis of the coronary artery  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) 945  
945 (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) E. H. Sullivan \_\_\_\_\_, M. D.  
11/21 1930 (Address) Osceola, 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 <u>Osceola Cemetery</u>	DATE OF BURIAL <u>Nov-22 1930</u>
20. UNDERTAKER <u>McCluney Austin</u>	ADDRESS <u>Osceola, Mo</u>

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

