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

Do not use this space.

38742

File No. .....
Registered No. 78

1. PLACE OF DEATH
County Cape Girardeau
Township —
City Jackson Mo (No. ....., ... St. ..... Ward)

Registration District No. 124
Primary Registration District No. 4078

JAN 19 1931

2. FULL NAME Lee V 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 10 - 1846

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	84	9	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Oak Ridge Mo
(STATE OR COUNTY)

PARENTS
10. NAME OF FATHER John M Irinston
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTY) Missouri
12. MAIDEN NAME OF MOTHER Kettie Chadfelter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Appleton Mo
(STATE OR COUNTY)

14. INFORMANT J W Green
(Address) Jackson Mo

15. FILED 12-31, 1930 D. G. Sieber
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 30 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1930, to Dec 30, 1930 that I last saw h... alive on Dec 29, 1930, and that death occurred, on the date stated above, at 12 10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis Right side
Cerebral Hemorrhage
CVA
8 YD (duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (SECONDARY) None
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED? At home
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
(Signed) [illegible], M. D.
12-31, 1930 (Address) Jackson 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	DATE OF BURIAL
Russell Heights	Dec 31 1930
20. UNDERTAKER	**ADDRESS**
McCombs Funeral Dir Co	Jackson Mo

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.