

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.

APR 20 1931 *Wm Sneed*

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

Do not use this space.

8650

1. PLACE OF DEATH

County **ADAIR**

Registration District No. **4**

File No. ....

Township .....

Primary Registration District No. **3001**

Registered No. **54**

City **KIRKSVILLE MO**

(No. **712** N DAVIS ST

St. .... Ward) .....

2. FULL NAME **ANDREW W GREEN**

(a) Residence, No. **716 N DAVIS**

St. .... Ward. ....

(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

**WHITE**

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

**MARRIED**

5A. IF MARRIED, WIDOWED, OR DIVORCED

**WIDOWED OF EMMA J GREEN**  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **AUG 18th 1868**

7. AGE

YEARS **62**

MONTHS **7**

DAYS **13**

If LESS than 1 day, .... hrs. or .... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **MILLER**

(b) General nature of industry, business, or establishment in which employed (or employer) **FLOUR**

(c) Name of employer **KX KIRKSVILLE ROLLER MILLS**

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **MO MISSOURI**

10. NAME OF FATHER

**THOMAS GREEN**

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) **KENTUCKY**

12. MAIDEN NAME OF MOTHER

**MARY BREADLOVE**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) **OHIO**

14. INFORMANT

*Emma J Green*

(Address) **KIRKSVILLE MO**

15. FILED

**3/31 1931** *Wm Sneed*  
*Deputy*

REGISTRAR

**2** MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **3-31 1931**

17.

I HEREBY CERTIFY, That I attended deceased from **3/30**, 19**31**, to **3/31**, 19**31** that I last saw him alive on **3/31**, 19**31** and that death occurred, on the date stated above, at **130 p.m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Influenza and Septicemia*

CONTRIBUTORY (SECONDARY)

IF DEATH WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

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

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? *Clinical and laboratory*

(Signed) *Wm Sneed*, M. D.

, 19 (Address) *Kirkville 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

**FOREST PARK CEMETERY**

DATE OF BURIAL

**4 3 1931**

20. UNDERTAKER

*Wm Sneed* *Kirkville*

ADDRESS

1931-3-31-  
1868-8-18-  

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62-7-18