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

Do not use this space.

36579

File No.
Registered No.

1. PLACE OF DEATH
County: Shelby
Township: Jackson
City: (No. St. Ward)
Registration District No.: 828
Primary Registration District No.: 1501

2. FULL NAME: Henry S. 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.

NOV 28 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word): Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 3 - 1843
7. AGE: Years 88 Months 8 Days 19 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER
13. NAME: Samuel Green
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Jessica Douglas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): S. E. Humphrey, Shelbina, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Hartsville, Mo. DATE: 10/24 - 1931
19. UNDERTAKER (ADDRESS): George Givan, Hunnewell, Mo.
20. FILED: Oct 23rd 1931 Dr. A. T. White Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10/22/ 1931
22. I HEREBY CERTIFY, That I attended deceased from 9-5-31, 1931, to 10-17-, 1931
I last saw him alive on 10-17-31, 1931. Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Pneumonia	
186A	
194B	
109A	

Other contributory causes of importance: Fracture Left Hip. Fell on ground while walking

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) A. M. Wood, M. D.
(Address) Shelbina, Mo.