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.

MAY 31 1932

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

Do not use this space.

11427

File No.
Registered No. 8

1. PLACE OF DEATH
112 County W Webster
Township West Benton
City (No. , St. Ward)

Registration District No. 961
Primary Registration District No. 6209

2. FULL NAME Samuel Washington 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma L Green

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 29, 1861

7. AGE: Years 70 | Months 5 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) W Webster Co. Mo. 1

FATHER
13. NAME Marion Green
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. 2

MOTHER
15. MAIDEN NAME Polly Ann Woods
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Mrs. Emma L. Green Rogersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Holland Cem. DATE March 6, 1932

19. UNDERTAKER (ADDRESS) Kelley & Ferrell Rogersville, Mo.

20. FILED Mar 11, 1932 Nellie B. Atkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from No Physician, 191, to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 5:25 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of face	1931

52 52

Other contributory causes of importance

5

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?
If so, specify
(Signed) K. K. Kelley Coroner
(Address) Webster Co., Mo.