

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

Do not use this space.

28810

File No. 217
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

26 County Cole
3 Township Jefferson
8 City Jeff City (No. _____)

Registration District No. 213
Primary Registration District No. 3014

2. FULL NAME Ervin 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nellie Green</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May-12-1890</u>		
7. AGE YEARS <u>42</u>	MONTHS <u>3</u>	DAYS <u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer 2:7</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>"</u>		
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____		

12. BIRTHPLACE (CITY OR TOWN) Kansas (STATE OR COUNTRY) 2

13. NAME Not Known

14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) 31

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

17. INFORMANT Mrs. Nellie Green (ADDRESS) Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE River View Cem DATE Sept-7-1932

19. UNDERTAKER Frank G. Gordon (ADDRESS) Jefferson City Mo

20. FILED 9/18/32 1932 J. R. Sanford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:45 a.m.
The principal cause of death and related causes of importance were as follows:

Myocardial infarction
210M
Other contributory causes of importance: 1
201

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

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

Manner of injury One to Truck full of iron
Nature of injury small iron mine

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) E. L. ... M. D.
(Address) Jeff City, Mo

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.

SEP 22 1932

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