

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

Do not use this space.

36072

1. PLACE OF DEATH

County Jasper Registration District No. 408
Township Major Primary Registration District No. 5562
City Carthage (No. 1-4) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Albus C. Green

(a) Residence, No. Route 4, St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 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 Neoma

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 4 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Ingus Co., Va.

13. NAME Joe Green

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Co., Va.

15. MAIDEN NAME Elizabeth Schodley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ingus Co., Va.

17. INFORMANT J. E. Green
(ADDRESS) Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE Nov 26, 1932

19. UNDERTAKER (ADDRESS) Knee Mortuary
Carthage, Mo.

20. FILED Nov 25, 1932 O. F. Fitcham
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1932, to Nov 24, 1932.
I last saw him alive on Nov 23, 1932. Death is said to have occurred on the date stated above, at 6:40 AM.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset _____

probably due to chronic Bright's disease

Other contributory causes of importance:

131
92A / 131

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 _____, 1932

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) J. E. Baker, M. D.
(Address) Carthage, Mo.

WHITE COPY 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.

JAN 9 1933

