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

Do not use this space.

38703

1. PLACE OF DEATH
14 County Callaway — Registration District No. 105 — File No.
Township St Aubert — Primary Registration District No. 5154 — Registered No. 43
City (No. St. Ward)

2. FULL NAME Edward Green
(a) Residence. No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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.

JAN 22 1933

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary

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

7. AGE: about 76 YEARS — MONTHS — DAYS — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER: Aaron Green
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): DK. 31
12. MAIDEN NAME OF MOTHER: Judy DK.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): DK

14. INFORMANT: Edw. Green
(Address) Fulton Mo

15. FILED 12-15 1932 W H Williamson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-14 1932

17. I HEREBY CERTIFY, That I attended deceased from Sep 3, 1932, to Dec 14, 1932 that I last saw h alive on , 19 , and that death occurred, on the date stated above, at 10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Brights Disease

132A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 132 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? DATE OF (1)
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. O. Payne, M. D.
, 19 (Address) R# 9 Fulton, 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: Whetstone Cemetery — DATE OF BURIAL: Dec 17-1932

20. UNDERTAKER: Eli Bell — ADDRESS: Fulton, Mo