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.

APR 22 1933

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

Do not use this space.
40515-1

1. PLACE OF DEATH Linn
County 58 Registration District No. 501 File No.
Township Locust Creek Primary Registration District No. 5666 Registered No. 6
City (No. , St. Ward)

2. FULL NAME Wm. A. Green
(a) Residence, No. Brookfield, Mo St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 90 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 17. 1838

7. AGE: Years 94 Months 1 Days 9 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired carpenter
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): Linn County Mo. 1

FATHER
13. NAME: Not known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known Not known 31

MOTHER
15. MAIDEN NAME: Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known Not known

17. INFORMANT (ADDRESS): Mrs. Will Crandall Brookfield

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rose Hill DATE 12/28/32, 19

19. UNDERTAKER (ADDRESS): C.W. Hill Brookfield

20. FILED Mar. 16, 1933 D. A. Taylor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/26/32, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1932, to Dec. 26, 1932
I last saw him alive on Dec. 25, 1932. Death is said to have occurred on the date stated above, at 1 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/18/32
Bin 8 2 a	

Other contributory causes of importance: Old Age

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? — 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) E. A. Gandy, M. D.
(Address) Brookfield Mo.