

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

Do not use this space.

8891

1. PLACE OF DEATH

74 County Madaway
11 Township Union
City Pickering (No., St. Ward)

Registration District No. 627

Primary Registration District No. 4379

File No.

Registered No.

2. FULL NAME Thomas Franklin 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 M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 9 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Ohio

13. NAME Wm Green

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Hester Wray

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

17. INFORMANT Mrs Ab Simmons (ADDRESS) Pickering Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Coleman DATE Feb 14 1933

19. UNDERTAKER Cummings Funeral Co (ADDRESS) Madway Mo

20. FILED 1/13 19. 33 Mrs. T. C. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1932, to Feb 12, 1933

I last saw him alive on Feb 11, 1933. 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:

Lobar Pneumonia Date of onset Feb 9

110 A / 108
132 A / 108

Other contributory causes of importance:

Brytho Disease

Name of operation none 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) Ernest L. Harrison, M. D.

(Address) Pickering Mo

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.

