

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

Do not use this space.

9972

APR 22 1933

1. PLACE OF DEATH

County Casper Registration District No. 411
Township Polina Primary Registration District No. 202
City Joplin (No. St. John's Hospital) St. _____ Ward _____

File No. 113
Registered No. _____

2. FULL NAME

(Baby) Green
(a) Residence, No. St. John's Hospital 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. 6/10 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 10, 1933
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min. 6 hrs.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. U.S. hospital
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) Joplin, Missouri

13. NAME Frank T. Green

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Casper County, Mo.

15. MAIDEN NAME Katherine Frick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carthage, Mo.

17. INFORMANT (ADDRESS) Dr. Ellsworth Moody
Joplin, Missouri

18. BURIAL, CREMATION, OR REMOVAL Fairview Cemetery DATE Mar. 10, 1933

19. UNDERTAKER (ADDRESS) Lanphear Mortuary
Joplin, Missouri

20. FILED 3/10 1933 W. Denson Clark
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 10, 1933
22. I HEREBY CERTIFY, That I attended deceased from Mar. 10, 1933 to Mar. 10, 1933
I last saw him alive on Mar. 10, 1933. Death is said to have occurred on the date stated above, at 6 A.M.
The principal cause of death and related causes of importance were as follows:

Prematurity
151 159
Other contributory causes of importance: _____

Name of operation none Date of _____
What test confirmed diagnosis? Bates 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? _____
If so, specify _____
(Signed) Ellsworth Moody, M. D.
(Address) Frisco Building

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.

