

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

Do not use this space.

14149

1. PLACE OF DEATH

County Little
Township Smithton
City _____ (No. _____)

Registration District No. 669
Primary Registration District No. 5892

File No. _____
Registered No. 4 Ward _____

2. FULL NAME

Matthias O. Green
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Laura Green

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13 - 1896

7. AGE YEARS 94 MONTHS 6 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

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) England

13. NAME Do not know

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

15. MAIDEN NAME Do not know

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

17. INFORMANT (ADDRESS) Mrs F. B. Green
Smithton MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Smithton MO DATE Apr 20, 1933

19. UNDERTAKER (ADDRESS) A. F. Deumeyer
Smithton MO

20. FILED Apr 20, 1933 Mrs J. L. Momen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 18, 1933

22. I HEREBY CERTIFY, That, I deceased from body, 1933, to 4 PM, 1933. Death is said to have occurred on the date stated above, at 2-30 PM. The principal cause of death and related causes of importance were as follows:

Senility
Other contributory causes of importance:
Vitru Schwanis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) E. E. Swackley, M.D.
(Address) 51 S. 1st
Carroll

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.

MAY 22 1933

WITH CHARGING INK—THIS IS A PERMANENT RECORD

7/10
05/10
27