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.

JUN 23 1933

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

Do not use this space.

17341

File No.
Registered No. 44

1. PLACE OF DEATH

County Gasconade — Registration District No. 651
Township ~~Fifth Ward~~ — Primary Registration District No. 4388
City Carthageville (No. ... St. ... Ward)

2. FULL NAME J. W. 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: 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): 2-13-1915

7. AGE: Years 18 | Months 3 | Days 6 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Boy
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): Steele Mo

FATHER
13. NAME: Harry Green
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carrithersville Mo.

MOTHER
15. MAIDEN NAME: Anna Farris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Harry Green Carrithersville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE 5/23 1933

19. UNDERTAKER (ADDRESS): H. L. Smith Carrithersville Mo

20. FILED May 24 1933 Ada Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5/19 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
accidental by Drowning.	
Other contributory causes of importance: 163 183	177

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 5/19 1933
Where did ~~injury~~ occur? 3½ miles South of Carrithersville
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Drowned while swimming in
Nature of injury Miss River

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify ...
(Signed) J. W. Rhodes Coroner M.D.
(Address) Hayti Mo