

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

Do not use this space.

1. PLACE OF DEATH

County Madison
Township Buffalo
City (No.)

Registration District No. 283
Primary Registration District No. 540

File No. 22755
Registered No.
St. Ward)

2. FULL NAME

Jose Allen 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 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rose Green</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 10 - 1880</u>		
7. AGE YEARS <u>53</u>	MONTHS <u>3 Mo</u>	DAYS <u>16</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lawyer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>		
10. Date deceased last worked at this occupation (month and year) <u>July 1933</u>		11. Total time (years) spent in this occupation <u>10 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
13. NAME <u>J M Green</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>		
15. MAIDEN NAME <u>Mary Fuller</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
17. INFORMANT <u>R G Green</u> (ADDRESS) <u>Cardwell Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cardwell Mo</u> DATE <u>July 23 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Jim Anderson</u> <u>Cardwell Mo</u>		
20. FILED <u>7-21</u> 19 <u>33</u> <u>Louis Wilson</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from, 19...., to, 19....
I last saw h. alive on, 19.... Death is said to have occurred on the date stated above, at 7:30 P. m.
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis Date of onset
Died suddenly
94A 94A
Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

Where did injury occur?

Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify

(Signed) D. P. Pennington, M. D.
(Address) Cardwell Mo

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.

AUG 22 1933

1-20

MISSOURI STATE BOARD OF HEALTH

5. NO. 2

