

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

Do not use this space.

26858

1. PLACE OF DEATH
 54 County Lafayette Registration District No. 457
 Township Freedom Primary Registration District No. 5621B
 City (No. _____) _____ St. _____ Ward _____
 2. FULL NAME Alfred Allen Green
 (a) Residence, No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
 (Usual place of abode)
 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) Aug-4-1933
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or min. 2

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

FATHER
 13. NAME Jesse Green

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette Co. Missouri

MOTHER
 15. MAIDEN NAME Blanch L. Barker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Mo.

17. INFORMANT (ADDRESS) Jesse A. Green, 4400 S. 1st St., St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope Cemetery DATE Aug-5-33

19. UNDERTAKER (ADDRESS) H. F. Duncanson, 2100 S. 1st St., St. Louis, Mo.

20. FILED Aug 5, 1933 Reichman & Shryman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-4-1933
 22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1933 to Aug 4, 1933
 I last saw alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:00 p.m.
 The principal cause of death and related causes of importance were as follows:

Respiratory Paralysis
Valvular heart disease
Chorea
 Other contributory causes of importance: _____
 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? _____ 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. Johnston, M. D.
 (Address) Concordia

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. SEP 26 1933

