

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

Do not use this space.

29201

1. PLACE OF DEATH

County Laver Registration District No. 253
 Township _____ Primary Registration District No. 5057
 City Fochsprings (No. 4153) St. _____ Ward)

File No. 6
 Registered No. _____
 St. _____ Ward)

2. FULL NAME Jamies A. Greene

(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 10 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Vela Lee Greene (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3, 1888

7. AGE YEARS 65 MONTHS 3 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

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) Kentucky

13. NAME W. L. Green

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

15. MAIDEN NAME Elizabeth Linnell

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

17. INFORMANT Vela Lee Greene (ADDRESS) Fochsprings Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood DATE 9-22-1935

19. UNDERTAKER F. B. Norman (ADDRESS) Chillicothe Mo.

20. FILED Alp 21 1935 A. Minick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3 1930 to Alp. 21 1935

I last saw him alive on Alp. 20 1935. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Diabetes
59
59
 Date of onset _____

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) A. G. Minick M. D.
 (Address) Fochsprings Mo.

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.

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