

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

Do not use this space.

37318

**1. PLACE OF DEATH**

County Newton Registration District No. 609  
 Township North Benton Primary Registration District No. 5808  
 City Newton, Ark. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Chas. M. Green  
 (a) Residence, No. North B. L. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 3 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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 7 - 1895</u>		
7. AGE	YEARS <u>37</u>	MONTHS <u>8</u>
	DAYS <u>13</u>	IF LESS THAN 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>miner</u>	
	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) <u>May 1932</u>	
11. Total time (years) spent in this occupation <u>7 years</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Oklahoma</u>		
FATHER	13. NAME <u>John W. Green</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Julia Mullers</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT <u>Etta Baylor</u> (ADDRESS) <u>Newton Ark.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hanett Mo.</u> DATE <u>Nov 21 1933</u>		
19. UNDERTAKER <u>Hal Mitchelme</u> (ADDRESS) <u>Newton Ark.</u>		
20. FILED <u>Nov. 20 1933</u> <u>Dr. E. M. Roseberry</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20 1933

I HEREBY CERTIFY, That I attended deceased from Oct. 20 1933 to Nov 20 1933

I last saw him alive on Nov 10 1933 death is said to have occurred on the date stated above, at 835 A. L.

The principal cause of death and related causes of importance were as follows:  
Pulmonary hemorrhage Date of onset Nov 20 1933

Other contributory causes of importance:  
Pulmonary tuberculosis of about 2 years of growth

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 Edw. O. Seberry (Signed) \_\_\_\_\_ M. D.  
 (Address) Newton, Ark.

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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