

B 27 1934 Dalton

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

Do not use this space.

416

1. PLACE OF DEATH

County Cape Girardeau
Township 11
City 11 (No. 11)

Registration District No. 125
Primary Registration District No. 3009
Marble City Heights

File No.
Registered No. 13
St. Ward

2. FULL NAME

James Madison Green

(a) Residence, No. Marble City Heights St. Ward.

(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 Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maggi Fullenwidu
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept - 13 - 1880
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 4 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fairman
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) Cape Girardeau Mo

MOTHER FATHER 13. NAME James Green

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomfield Mo

15. MAIDEN NAME Jane Jackson

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

17. INFORMANT (ADDRESS) Mrs Maggi Green

18. BURIAL, CREMATION, OR REMOVAL PLACE Farmers Ament DATE 1-18 1934

19. UNDERTAKER (ADDRESS) Haman's Funeral Home Cape Girardeau Mo

20. FILED 1-18, 1934 W. C. Simpson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1934, to Jan 15, 1934
I last saw her alive on Jan 13, 1934. 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:

23 A
Tuberculosis of the Chest
Other contributory causes of importance:

Name of operation None Date of none
What test confirmed diagnosis? Smear, Culture Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury Jan 30

Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. C. Simpson, M. D.
(Address) 105 S. Second Cape Girardeau 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.

