

MAR 24 1934

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

Do not use this space.

5190  
916

1. PLACE OF DEATH  
 County Jackson Registration District No. Wheeler  
 Township Quincy Primary Registration District No. Boyer  
 City East 16th (No. 1170) St. East 16th Ward

2. FULL NAME Green Titus  
 (a) Residence, No. Carrollton, Mo. St. Mo. Ward. Mo.  
 (Usual place of abode) (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 Colored  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie Titus  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 - 1862  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 82 9 23  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
 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) Va  
 FATHER  
 13. NAME J. Brown  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
 MOTHER  
 15. MAIDEN NAME  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
 17. INFORMANT (ADDRESS) Mrs. Ollie Reed  
 18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) Carrollton, Mo. DATE Feb 25 1934  
 19. UNDERTAKER (ADDRESS) J. W. Henderson  
 20. FILED Feb 24, 1934 m m Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24, 1934  
 22. I HEREBY CERTIFY, That I attended deceased from 2-21, 1934, to 2-24, 1934.  
 I last saw him alive on 2-24, 1934. Death is said to have occurred on the date stated above, at 11 a.m.  
 The principal cause of death and related causes of importance were as follows:  
acute congestion of lungs  
acute parenchymatous nephritis  
 Other contributory causes of importance:  
 Date of onset  
 Name of operation no Date of no  
 What test confirmed diagnosis? Lab. Phys. as there an autopsy?  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury  
 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) J. W. Henderson M. D.  
 (Address) 311 New Centre Bldg  
K.C., 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.

