

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.

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Macon Registration District No. 529
Township Clinton Primary Registration District No. 5705
City (No. _____) St. _____ Ward _____

File No. 5664
Registered No. _____

2. FULL NAME James L Green

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie Green

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25 - 1861

7. AGE YEARS 72 MONTHS 11 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmers
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) Macon Mo

13. NAME W R Green

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

15. MAIDEN NAME Elizabeth Kitchener

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

17. INFORMANT Fannie Green (ADDRESS) College mo

18. BURIAL, CREMATION, OR REMOVAL PLACE College mound DATE Feb 3 1934

19. UNDERTAKER Edna Stone (ADDRESS) Macon Mo

20. FILED Feb 11 1934 Mrs. Edna Stone Registrar.

R MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 25 1932 to Nov. 17 1933

I last saw him alive on 11-17 1933 Death is said to have occurred on the date stated above, at 6 a. m.

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

Chronic Interstitial Myocarditis

Date of onset
2 or 3 yrs

Other contributory causes of importance:
Chronic Arterial knomatism

few yrs

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical findings Was there an autopsy? _____

23. If death was due to external causes (violent), 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) J. B. Stokes, M. D.
(Address) Excelsior, Mo.

