

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

Do not use this space.

8437

1. PLACE OF DEATH

County Dunklin
Township
City Campbell (No., St. Ward)

Registration District No. 282
Primary Registration District No. 1166

File No. 11110
Registered No. 16

2. FULL NAME Clarence Green

(a) Residence, No. Campbell St. Ward.
(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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7-1907

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>26</u>	<u>7</u>	<u>21</u>	

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

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) Kansas

13. NAME Andrew Green

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

15. MAIDEN NAME Sarah Brown

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

17. INFORMANT wife (ADDRESS) Campbell

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE April 1, 1934

19. UNDERTAKER Reynolds & Son (ADDRESS) Campbell Mo

20. FILED 3/29, 1934 Cowardin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8, 1934

22. I HEREBY CERTIFY That I attended deceased from unattended by doctor, 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 11:00 P.m.

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

Shot in the breast & face with shotgun no. 6 shot by same unknown person with intention of killing him

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? homicide Date of injury Mar 28, 1934

Where did injury occur? Campbell Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. public place

Manner of injury Shot with shotgun
Nature of injury penetration of lung & heart

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) J. J. Rigley M.D.
(Address) Kennett, 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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