

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.

MAY 25 1934

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

Do not use this space.

13967
1934

1. PLACE OF DEATH

County Russell Registration District No. 748
Township Agona Primary Registration District No. 5982
City (No.) St. Ward (No.)

2. FULL NAME

John Green
(a) Residence, No. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Salvada Green</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-10-1876</u>		
7. AGE YEARS <u>58</u>	MONTHS	DAYS <u>16</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>Farmer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farming</u>			
	10. Date deceased last worked at this occupation (month and year) <u>9-5-33</u>		11. Total time (years) spent in this occupation <u>life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas Co. Missouri</u>				
FATHER	13. NAME <u>John Green</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas Co. Missouri</u>			
MOTHER	15. MAIDEN NAME <u>unk.</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unk.</u>			
17. INFORMANT (ADDRESS) <u>Clifford Duncan Ellington Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chitwood Cemetery</u> DATE <u>April 27, 1934</u>				
19. UNDERTAKER (ADDRESS)				
20. FILED <u>4/27</u> 19 <u>34</u> <u>Essie Evans</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/26 - 1934

2. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1932 to 4/26, 1934
I last saw him alive on 4/25 - 1934. Death is said to have occurred on the date stated above, at 10:00 a.m.
The principal cause of death and related causes of importance were as follows:
Hypertension
Date of onset

Other contributory causes of importance:
1921/32

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 4, 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. e

Manner of injury
Nature of injury e

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) W. H. Walker, M. D.
(Address) Ellington Mo.

