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.

JUN 20 1934

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

Do not use this space.

85

15856

1. PLACE OF DEATH
County Buchanan — Registration District No. 1001 — File No.
Township — Primary Registration District No. — Registered No. 610
City St. Joseph, Mo. (No. 6304 Morris Ave. St. Ward)

2. FULL NAME Jesse Green
(a) Residence, No. St., Ward. DeKalb, 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): About 1869

7. AGE: YEARS 65 — MONTHS — DAYS — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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): Buchanan County, Missouri

FATHER
13. NAME: Simpson Green
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Matilda Roach
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wallace, Missouri

17. INFORMANT (ADDRESS): Simpson Green, Topeka, Kas.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Topeka, Kas. DATE May 25, 1934

19. UNDERTAKER (ADDRESS): Fleeman Mortuary, Inc. St. Joseph, Mo.

20. FILED 5-23-1934 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 23, 1934

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased from May 23, 1934, to , 19
I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 3 A m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance: no facts

Name of operation: none Date of
What test confirmed diagnosis? Clin. Hist. Was there an autopsy? no

23. If death was due to external causes (violence), 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? no
If so, specify
(Signed) Joseph Thomas Coroner, M. D.
(Address) 731 Faaron