

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

Do not use this space.

Dr. Allen
16575

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Township Independence Primary Registration District No. 3019
 City Independence (No. Samuelson) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. George P. Green
 (Usual place of abode) Walter St. Independence Mo. (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 M 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 Helen Green

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 - 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 10 26

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

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) Independence MO

13. NAME Robert Green

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

15. MAIDEN NAME Clementine Frisby

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

17. INFORMANT (ADDRESS) Helen Green

18. BURIAL, CREMATION, OR REMOVAL PLACE Helen's Cemetery DATE 6-2-34

19. UNDERTAKER (ADDRESS) W. Green

20. FILED May 31 1934 Dr. F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-30 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1934, to May 30, 1934.
 I last saw him alive on May 30, 1934. Death is said to have occurred on the date stated above, at 10:00 P.M.
 The principal cause of death and related causes of importance were as follows:

General Peritonitis
& Septicemia
12:30 P.M.
1934
 Date of onset May 15 1934

Other contributory causes of importance
Perforation of bowel
probably at Cecum
infection
 Name of operator _____ 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 _____, 1934

Where did injury occur? no injury
 (Specify city or town, county, and State)

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

Manner of injury no injury

Nature of injury no injury

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify no

(Signed) Dr. Allen, M. D.

(Address) Independence MO

JUN 22 1934

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.

NOV 7 1945

Jackson

WASHINGTON

16575

192

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: George P. Green
Who died at Independence Mo. on May 30 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex _____ Color or race _____ Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 26 Months 10 Days 26

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month 12 Year 1934

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Gen Peritonitis & Septicemia

Other contributory causes of importance Per foration bowel - probably at operation. Infection. Cause Unknown. Non-malignant

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy?

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician Chas. H. Allen

Address of physician Independence mo

Signature of Registrar F. H. Cook Date filed Sept 3 - 1934

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 398

Very truly yours,
E. T. McLaughlin
S.C.

Primary Reg. Dist. No. 3019

Special Agent.

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

MEMORANDUM FOR THE DIRECTOR
FROM: SAC, NEW YORK (100-100000)

DATE: 10/10/68

RE: [Illegible]

S-16575

[Illegible typed text]

[Illegible handwritten notes]