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

Do not use this space.

File No. 24779

Registered No. [illegible]

1. PLACE OF DEATH
County: Jackson
Township: [illegible]
City: Kansas (No. Help Hand Hotel St. Ward)
Registration District No. [illegible]
Primary Registration District No. [illegible]

2. FULL NAME: George Green
(a) Residence, No. Help Hand Hotel 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: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Do not know
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unk 1860
7. AGE: Years 74 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.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Do not know
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): Do not know

FATHER
13. NAME: Do not know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Do not know

MOTHER
15. MAIDEN NAME: Do not know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Do not know

17. INFORMANT (ADDRESS): Jackson County Coroner
18. BURIAL, CREMATION, OR REMOVAL PLACE: Lawrence KS. DATE: July 25-34 19
19. UNDERTAKER (ADDRESS): Canantino Bros
20. FILED: July 24 1934 M. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-21-34 19

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

Heart Hypertension 191

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? ..... 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) ....., M. D.
(Address)

Dizzy Chron 6 05 P

No Autopsy

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

AUG 21 1934

100M-11-24-33