

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

Do not use this space.

25646

1. PLACE OF DEATH

County Montgomery
Township Harrison
City (No., St., Ward

Registration District No. 95-76
Primary Registration District No. 5-186c

File No.
Registered No.

2. FULL NAME William Aaron Green

(a) Residence, No. Montgomery County St. Ward

(Usual place of abode) Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 11 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 9 13

OCCUPATION 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) Callaway

FATHER 13. NAME Raff Green

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

MOTHER 15. MAIDEN NAME Mary Henderson

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

17. INFORMANT Clarence Green (ADDRESS) Mineola Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Cemetery near Mineola DATE 7-25 1934

19. UNDERTAKER J. A. Marlow (ADDRESS) Montgomery City Mo.

20. FILED 19 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 1934

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1934, to July 24, 1934. I last saw him alive on July 22, 19... Death is said to have occurred on the date stated above, at 9:30 AM

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

Acute Myocarditis
Heart Exhaustion

Date of onset 7-19-34
7-19-34

Other contributory causes of importance: 191

Name of operation..... Date of.....
What test confirmed diagnosis? clinical 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.....

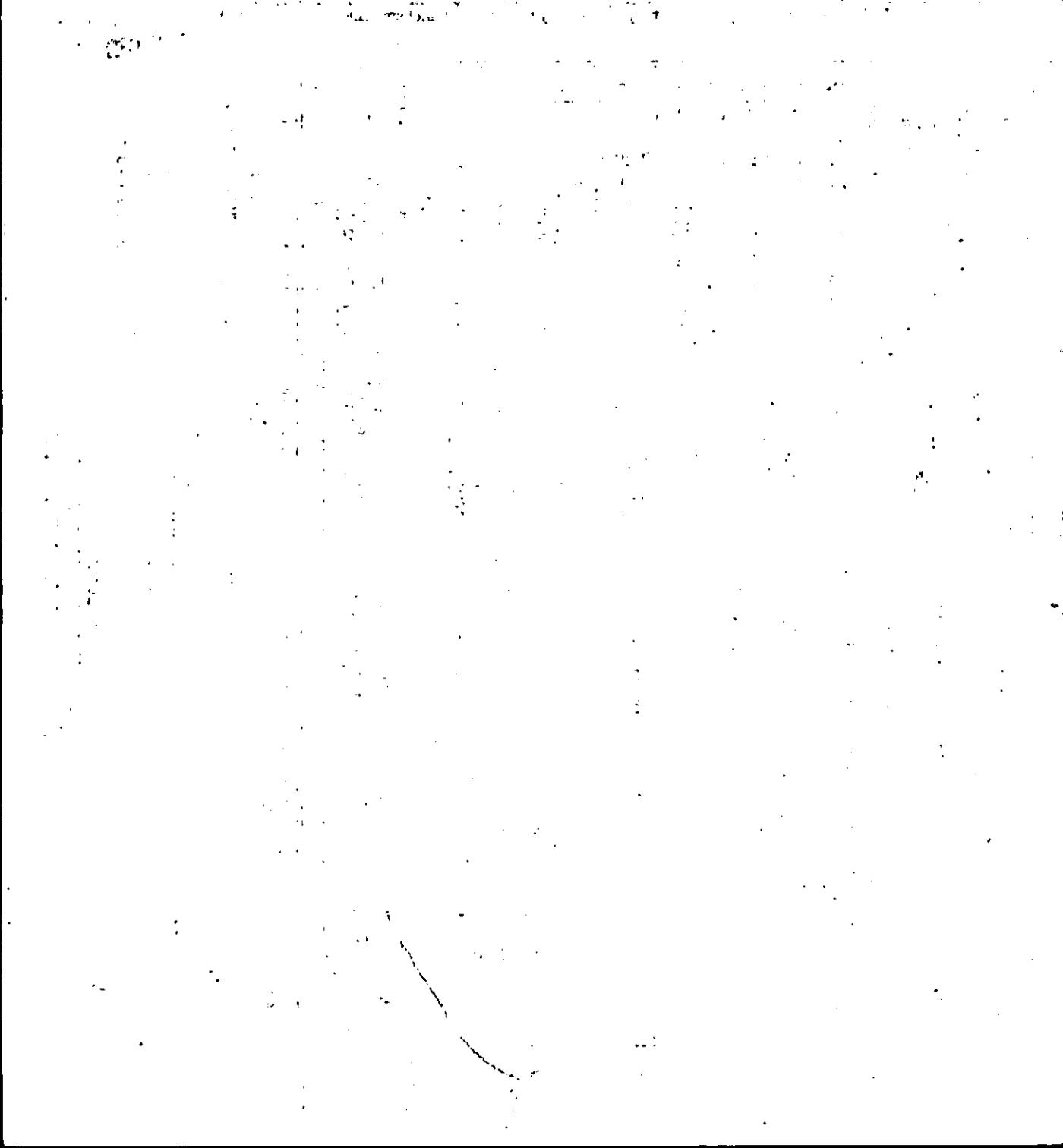
24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify James O. Helms, M. D.
(Signed) New Florence Mo. (Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY amount of secondary supports. 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 13 1934

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Montgomery Registration District No. 958
 Township Wm. Apple Primary Registration District No. 5186c
 City Wm. Apple (No. 2) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

Wm. Aaron 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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) u

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1934

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

I HEREBY CERTIFY, that I attended deceased from July 22, 1934, to July 24, 1934, 1934
 I last saw him alive on July 23, 1934. 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:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 11 - 1856
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77 9 13

acute myocarditis
heart exhaustion
 Date of onset _____

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 _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway

13. NAME Raff Green

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wm. Apple

15. MAIDEN NAME Mary H. Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wm. Apple

17. INFORMANT (ADDRESS) Charles Green

18. BURIAL, CREMATION, OR REMOVAL PLACE Wm. Apple DATE 7/25, 1934

19. UNDERTAKER (ADDRESS) J. A. Marlow
Montgomery City

20. FILED SEPT 6, 1934
Mrs. Elmer Gregory Registrar

Name of operation _____ Date of _____
 What test confirmed diagnosis? Cholera 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?
 If so, specify _____
 (Signed) James G. Nelson, M. D.
 (Address) New Glasgow Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTERERS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S-25646