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.

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

DEC 13 1934

Do not use this space.

1. PLACE OF DEATH
25
County Clinton — Registration District No. 204 — File No. 38880
Township Shoal — Primary Registration District No. 5282 — Registered No. 5[illegible]
City ..... No. ..... St. ..... Ward)

2. FULL NAME Joseph Lauders 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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 3. 1848
7. AGE: YEARS 86 — MONTHS 3 — DAYS 22 — If LESS than 1 day, ... hrs. or ..... min.

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. retired
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) North Carolina

FATHER
13. NAME Henry Green
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

MOTHER
15. MAIDEN NAME Cathrine Costner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT (ADDRESS) Leonard Green Perrin Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Graceland DATE Nov. 27, 1934
19. UNDERTAKER (ADDRESS) J. W. Poland Cameron Mo
20. FILED Nov 26th, 1934 Dr C. A. Risley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1934, to Nov. 25, 1934
I last saw him alive on June 10, 1934. Death is said to have occurred on the date stated above, at 5 P.m.
The principal cause of death and related causes of importance were as follows:
Asphyxia
Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) W. L. Peters, M. D.
(Address) Cameron