16-184

DEC 18 1934

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

Do not use this space.

39629
5140

File No. .....
Registered No. .....

1. PLACE OF DEATH

County: Jackson
Township: [illegible]
City: Kansas City (No. K C General Hosp St. ..... Ward)

Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Frank Green

(a) Residence, No. 3331 Paines 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 2 - 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 51A
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 536
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 46E

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

FATHER
13. NAME Patrick Green
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Mary K. Shelley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Reuben Clark K C Gen Hosp K C Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shawnee Kas DATE 11/27, 1934

19. UNDERTAKER O. V. MAST FUNERAL HOME, Inc.
(ADDRESS) 3146 Main St.

20. FILED 11-28, 1934 M M Crowe
asst Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-27, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-16, 1934, to 11-27, 1934
I last saw h. alive on 11-27, 1934 Death is said to have occurred on the date stated above, at 11:55 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of the adrenal with metastases to Brain and Liver

Date of onset

Other contributory causes of importance:
Pulmonary Tuberculosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

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) P. F. De Mania, M. D.
(Address) Asst Supt K C Gen Hosp K C Mo.

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.

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