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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.

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

DEC 27 1934

Do not use this space.

1. PLACE OF DEATH
County Madison — Registration District No. 538 — File No. 40026
Township St Francois — Primary Registration District No. 5724 — Registered No. 97
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME James Henry 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edmonia O'Bannon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 29-1859

7. AGE — YEARS: 75 — MONTHS: 0 — DAYS: 14 — 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. .....
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) Bellinger Co. Mo.

FATHER
13. NAME Alfred Green
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.

MOTHER
15. MAIDEN NAME Melvina Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.

17. INFORMANT (ADDRESS) Mary Ferguson Kansas City Kan

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pisgah DATE 11/14 1934

19. UNDERTAKER (ADDRESS) Ed H Webb Fredericktown Mo.

20. FILED Nov 14 1934 S. C. Slaughter Registrar.
By C. D. Schwaner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to Nov 13, 1934
I last saw him alive on Nov 11, 1934. Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of the deep Cervical Glands 53E

Date of onset

Other contributory causes of importance:

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Name of operation none Date of ✓
What test confirmed diagnosis? Hospital 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) M. B. Bowles, M. D.
(Address) Fredericktown Mo