

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.

JUN 21 1935

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

Do not use this space.

1. PLACE OF DEATH

County Howard  
Township Boonslick.  
City (No. ....) (No. ....) (No. ....) Ward

Registration District No. 378  
Primary Registration District No. 5-5-25

File No. 16285  
Registered No. 28

2. FULL NAME Squire L. 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) Widowed.  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Green  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/10th 1854  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 81 # 10 Farmer.

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.  
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) Missouri

13. NAME Samuel Green

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

15. MAIDEN NAME Unknown

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

17. INFORMANT R.D. Green (ADDRESS) Booneshorro

18. BURIAL, CREMATION, OR REMOVAL PLACE Booneshorro DATE 5/21 1935

19. UNDERTAKER (ADDRESS) Guy T. Dalley, Fayette, Mo.

20. FILED June 7, 1935 - D. C. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/20th 1935  
22. I HEREBY CERTIFY, That I attended deceased from April 16, 1935 to May 20, 1935  
I last saw him alive on May 16, 1935 Death is said to have occurred on the date stated above, at 8:00 a.m.  
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage  
Nephrosis

Date of onset 5-14-35  
12-1-35

Other contributory causes of importance:  
Cerebral

5-14-35

Name of operation none 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 .....  
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. Coffman, M. D.  
(Address) Fayette, Mo

