

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

Do not use this space.

21782

1. PLACE OF DEATH

County Saline
Township Arrow Rock
City Arrow Rock (No. St. Ward)

Registration District No. 792
Primary Registration District No. 6035

File No.
Registered No.

2. FULL NAME

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Gerdine Green</u> (OR) WIFE OF <u>James Green</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 14 - 1904</u>		
7. AGE <u>30</u>	YEARS <u>8</u>	MONTHS <u>29</u>
If LESS than 1 day, <u> </u> hrs. or <u> </u> min.		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation <u> </u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>	
10. Date deceased last worked at this occupation (month and year) <u> </u>	

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saline Co.</u>
13. NAME <u>Daniel Lee Green</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saline Co. Mo.</u>
15. MAIDEN NAME <u>Flora Boultby</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marshall Mo.</u>
17. INFORMANT (ADDRESS) <u>Mrs. James W. Green</u> <u>Arrow Rock Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Arrow Rock</u> DATE <u>June 15, 1935</u>
19. UNDERTAKER (ADDRESS) <u>J. H. Campbell</u> <u>Marshall Mo.</u>
20. FILED <u>June 20, 1935</u> <u>C. L. Lawless</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 193522. I HEREBY CERTIFY That I attended deceased from June 13, 1935held in Arrow Rock June 13, 1935I last saw him alive on June 13, 1935 Death is saidto have occurred on the date stated above, at 11:19 a.m.

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

Accidental drowning

Date of onset

Other contributory causes of importance: 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? Accident Date of injury June 13, 1935Where did injury occur? End in Arrow Rock

(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) C. L. Lawless (Over Marshall M. D.)(Address) Marshall

APR 29 1947

RECEIVED
APR 29 1947

U.S. DEPARTMENT OF AGRICULTURE
WASHINGTON, D.C.

TO :

FROM :

SUBJECT :

RE :

DATE :

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FOR :

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County Saline
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Registration District No. 992
Primary Registration District No. 6035

File No.
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2. FULL NAME

(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) M

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
30 8 29

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE , 19

19. UNDERTAKER (ADDRESS)

20. FILED 6-20 1936 L. Lawless Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw him days on , 19 . 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:

Accidental drowning in boat
his swimming gear
tangled in the net
Date of onset

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

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. Boat on Lake

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. G. Lawless, M. D.

(Address) Car

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 6 1935

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AUG 10 1935