

FEB 18 1936

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

Do not use this space.

198

1. PLACE OF DEATH

County Boone
Township Bourbon
City (No. _____) _____

Registration District No. 79
Primary Registration District No. 5116

File No. 4
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) <u>Nellie Green</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 24 1857</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>1</u>	DAYS <u>2</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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) Platte Co Mo

13. NAME Thomas Green

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

15. MAIDEN NAME Sallie Crosswhite

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

17. INFORMANT Nellie Green
(ADDRESS) Surgeon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wt. Woods DATE Jan 28 1936

19. UNDERTAKER Burgess & Bodette
(ADDRESS) Surgeon Mo

20. FILED Jan 28 - 1936 E. N. Gentry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1936 to Jan 26 1936. I last saw him alive on Jan 25 1936. Death is said to have occurred on the date stated above, at 1:00 p.m.

The principal cause of death and related causes of importance were as follows:
Bronchitis Date of onset Jan 20

Other contributory causes of importance:
Broncho Pneumonia Jan 23

Name of operation _____ Date of _____
What test confirmed diagnosis? Wt. Woods 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. M. Curran, M. D.
(Address) Surgeon 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.

