

JUL 17 1936

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

Do not use this space.

22137

1. PLACE OF DEATH  
County Butler Registration District No. 89  
Township P. Bluff Primary Registration District No. 5131  
City Hi-way 67 - W. (No. 67 - W.) St. W. Ward 138

2. FULL NAME Rubin Green  
(s) Residence, No. Hi-way 67 - West St. W. Ward 138  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 7 yrs. 7 mos. 7 da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17 - 1899  
7. AGE YEARS 36 MONTHS 7 DAYS 17  
If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter  
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) 1935  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Luluwan Ky.

13. NAME G. W. Green

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

15. MAIDEN NAME Delaney Dunlap

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

17. INFORMANT (ADDRESS) Jabe Green  
Weylan, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cem DATE 6-4-36

19. UNDERTAKER (ADDRESS) Jordan Doniphan

20. FILED 6/3 19 36 Clutinger  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-3-36, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1935 to Jan 10 1936

I last saw him alive on Jan 13 1936. Death is said to have occurred on the date stated above, at 7 A.M.

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

Pulmonary Tuberculosis

Other contributory causes of importance

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 \_\_\_\_\_, 1936

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) Arthur J. Cray M. D.

(Address) Poplar Bluff, Mo.

