

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

Do not use this space.

25466

AUG 15 1936

1. PLACE OF DEATH
 County Dallas Registration District No. 50
 Township Summit Primary Registration District No. 5076
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Jacob M. 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>83</u>	<u>2</u>	<u>0</u>	

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 _____

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 5 1936 to July 26 1936
 I last saw him alive on July 26 1936 Death is said to have occurred on the date stated above, at 10:15 m.
 The principal cause of death and related causes of importance were as follows:
Myocardial infarction
acute
130

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ 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 _____ 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) J. H. Depenator M. D.
 (Address) Butler

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER

13. NAME John Green

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

MOTHER

15. MAIDEN NAME Polly Haggard

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

17. INFORMANT Clara Green
 (ADDRESS) Butler, Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Oak Hill DATE July 28 1936

19. UNDERTAKER Lawson Butler, Mo.
 (ADDRESS) _____

20. FILED July 28 1936 Theresa L. Culver
 Registrar.

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.

