

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.

DEC 18 1936

40984

1. PLACE OF DEATH

County Green Registration District No. 318  
Township Camptell Primary Registration District No. 2001  
City Springfield (No. Spfld. Baptist Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 967

2. FULL NAME

Robert Samuel Green  
(a) ~~Birthplace~~ No. Springfield (Usual place of abode) Babland Hosp Chadwick mo  
(If not resident, 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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 2 1864</u>		
7. AGE	YEARS	MONTHS
<u>✓</u>	<u>22</u>	<u>0</u>
		DAYS
		<u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Famer</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) <u>Illiana</u>		
13. NAME <u>John Green</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
15. MAIDEN NAME <u>Mary Towell</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
17. INFORMANT (ADDRESS) <u>Harriet Green Chadwick mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Boston Cemetery</u> DATE <u>11-27-36</u>		
19. UNDERTAKER (ADDRESS) <u>B. B. Chaffin</u>		
20. FILED <u>11-27-36</u> <u>Chad A. George</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-21-1936 to 11-25-1936  
I last saw h. i. m. alive on 10:30 P.M. 11-24-1936. Death is said to have occurred on the date stated above, at 4:20 A.M.  
The principal cause of death and related causes of importance were as follows:  
R. Lower & Middle Lobes Pneumonia  
Date of onset 11/28/36

Other contributory causes of importance:  
103  
Noemia & Genl. Arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Xray 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) Durwood G. Hall, M. D.  
(Address) 500 Holland Bldg. Springfield, Missouri

