MAR 10 1937

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

Do not use this space.

399

1. PLACE OF DEATH
County Jackson — Registration District No. 1002 — File No. 6348
Township — Primary Registration District No. — Registered No. 7925
City Kansas City (No. Trinity Lutheran Hospital St. Ward)

2. FULL NAME Carl William Green
(a) Residence, No. 2201 Richmond, K.C. Kansas. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1862

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
75	1	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soap Maker, K.C.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Soap Co.
10. Date deceased last worked at this occupation (month and year) 2/1/37
11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kalmar Sweden

FATHER
13. NAME Anders Green
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

MOTHER
15. MAIDEN NAME Johanna Nystrom
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

17. INFORMANT (ADDRESS) Mrs. Mathilda Green 2201 Richmond

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mem. Park, K.C.K. DATE 2/9/37, 19

19. UNDERTAKER (ADDRESS) Geo. H. Long K.C.K.

20. FILED 2-9, 1937 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/7/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Dignity Crown, 19
I last saw h... alive on 2/4/37, 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:

Fracture of the femur
Bronchopneumonia

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? Autopsy 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 2/1/37, 19
Where did injury occur? Kansas City Ks (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Fell off of a ladder.
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) [signature]

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.

C W. Green