

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

Do not use this space.

May 1 1937

17686

1. PLACE OF DEATH
County Saline
Township Marshall
City Marshall (No. 1)

Registration District No. 796
Primary Registration District No. 3038

File No. 17686
Registered No. 75
St. _____ Ward _____

2. FULL NAME Frank Culver Green, Jr.
(a) Residence, No. 100 State 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. 11 mos. 26 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4, 1922
7. AGE YEARS 15 MONTHS 3 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1937
22. I HEREBY CERTIFY, (that I attended deceased from April 22, 1936 to April 18, 1937)
I last saw him alive on April 18, 1937 Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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 _____

Pneumonia & lobes April 16
Other contributory causes of importance: 108

12. BIRTHPLACE (CITY OR TOWN) Marshall (STATE OR COUNTRY) Saline Co Mo

13. NAME Frank Culver Green

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

15. MAIDEN NAME Hullie Cox

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

17. INFORMANT School Record (ADDRESS) Marshall

18. BURIAL, CREMATION, OR REMOVAL PLACE Wagoner DATE Apr 19, 1937

19. UNDERTAKER Wagoner (ADDRESS) Marshall Mo

20. FILED 4-19-1937 Mary E. Gant Registrar

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) Wagoner, M. D.
(Address) Marshall

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

