Harwell

SEP 15 1937

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

Do not use this space.

File No. 30254

Registered No. 210

1. PLACE OF DEATH
County Butler
Township
City Poplar Bluff (No. 715 Vine St. St. Ward)

Registration District No. 89
Primary Registration District No. 3007

2. FULL NAME Benjamin Robert Green
(a) Residence, No. 715 Vine St. 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: 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 Bertha B. Green

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16, 1862

7. AGE: Years 55 | Months 5 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mo. Pacific
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R. Conductor.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston Missouri

FATHER
13. NAME William Green
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pine Bluff Arkansas

MOTHER
15. MAIDEN NAME Sidney E. Adams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston Missouri

17. INFORMANT Mrs. Bertha B. Green
(ADDRESS) 715 Vine St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Poplar Bluff, Mo DATE Aug. 13, 1937

19. UNDERTAKER Frank Und. Co.
(ADDRESS) Poplar Bluff, Mo.

20. FILED 8/28 1937 O. L. Gutzinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1937, to Aug. 11, 1937
I last saw h. im alive on Aug. 10, 1937. Death is said to have occurred on the date stated above, at 1:14 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac decompensation	8-9-37
from Chronic myocarditis	6-36

Other contributory causes of importance:

Hypertension Arterial	?
Nephritis, Chronic	?

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. Lester Harwell, M. D.
(Address) Poplar Bluff, Mo.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD