

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

Do not use this space.

SEP 25 1937

1. PLACE OF DEATH

County Saline
Township Marshall
City Marshall (No. St. Ward)

Registration District No. 796
Primary Registration District No. 3038

File No. 31916
Registered No. 138

2. FULL NAME Herman Green

(a) Residence, No. 621 W. Eastwood 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 Myrtle Martin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6, 1902

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
35 7 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) Camden County,
(STATE OR COUNTRY) Missouri.

13. NAME John Green

14. BIRTHPLACE (CITY OR TOWN) Camden county,
(STATE OR COUNTRY) Missouri.

15. MAIDEN NAME Rebecca Russell

16. BIRTHPLACE (CITY OR TOWN) Camden county,
(STATE OR COUNTRY) Missouri.

17. INFORMANT Mrs. Herman Green
(ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Malta Bend, Mo. DATE Aug. 10, '37

19. UNDERTAKER J. L. Sweeney
(ADDRESS) Marshall, Mo.

20. FILED 8-9-37 Mary Kent
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8 1937

22. I HEREBY CERTIFY, That I attended deceased from April 26 1937 to Aug 8 1937
I last saw him alive on Aug 8 1937 Death is said to have occurred on the date stated above, at 2:45 P.

The principal cause of death and related causes of importance were as follows:

Bilateral pulmonary tuberculosis with cavitation Date of onset 1932

Other contributory causes of importance: None

Name of operation None Date of
What test confirmed diagnosis fracture 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 fracture

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) W. H. Kent M. D.
(Address) Marshall, 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.

