OCT 19 1937

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

Do not use this space.

1. PLACE OF DEATH
County Crawford
Township ~~Benton~~
City Cuba (No. ..., ... St. ..... Ward)

Registration District No. 230
Primary Registration District No. ~~5342~~ 4140

File No. 34041
Registered No. .....

2. FULL NAME Thomas Owen Green
(a) Residence, No. ..... 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: Della Green

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 3rd, 1871

7. AGE: YEARS 66 | MONTHS 3 | DAYS 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate Dealer
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): Cuba, Missouri

FATHER
13. NAME: James A. Green
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Troy, Missouri

MOTHER
15. MAIDEN NAME: Elizabeth Jane Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Steelville, Missouri

17. INFORMANT (ADDRESS): Mrs. T. O. Green, Cuba, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kinder's Cemetery DATE April 5th, 1937

19. UNDERTAKER (ADDRESS): Jas. H. Hollow, Cuba, Missouri

20. FILED April 9, 1937 G. G. A. Hemsey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4th, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 3th, 1937, to Apr. 4th, 1937
I last saw h..... alive on Apr 3rd, 1937 Death is said to have occurred on the date stated above, at 5:00 P.m.
The principal cause of death and related causes of importance were as follows:

Mitral regurgitation

Date of onset

Other contributory causes of importance: 92a

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) W. G. Anderson, M. D.
(Address) Cuba, 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.

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