REC'D JUL 25 1938

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

Do not use this space.

22259

3

1. PLACE OF DEATH
County Lafayette
Township Lexington
City (No. , St. Ward)
Registration District No. 461
Primary Registration District No. 5625
File No.
Registered No. 52

2. FULL NAME Robert Green 650
(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 Ma
4. COLOR OR RACE colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3 - 1928
7. AGE YEARS 10 MONTHS 6 DAYS 4 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
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) Kansas city Kan

FATHER
13. NAME Charles B Green
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana

MOTHER
15. MAIDEN NAME Lizzie Hall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laken La.

17. INFORMANT (ADDRESS) Mid-West Funeral Home K. C. Kan.
18. [redacted], OR REMOVAL
PLACE Kansas city Kan DATE July 16 1938
19. UNDERTAKER (ADDRESS) Winkler Lexington Mo
20. FILED July 16, 1938 Faye B. Bates Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7 - 7 - 1938
22. I HEREBY CERTIFY, That I attended deceased from 7 - 12 - 1938, to 7 - 12 - 1938
I last saw h alive on , 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:

Drowned in Missouri river
Swimming in river
(Coroner case)

Date of onset

Other contributory causes of importance: 183.
2 6

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Acc'd Date of injury 7 - 7 - 1938
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? 4
If so, specify
(Signed) E B Nisbet Coroner, M. D.
(Address) Odessa Mo.