

REC'D AUG 10 1938

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

26308
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 155
(b) Township Sugar Creek Primary Registration District No. 2024 Registered No. 133
(c) City _____ (d) Street No. 5970
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Clinton Green (657)

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from April 24 1934 to July 7th 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 10

I last saw h. alive on July 7th 1938 Death is said to have occurred on the date stated above, at 7:30 P. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68 3 17

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

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

Infection of Prostate Gland Date of onset 137

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomington Ill

Other contributory causes of importance: Colon Cancer

FATHER 13. NAME Stevens Green

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

Name of operation for Removal Prostate Date of 1937

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

What test confirmed diagnosis? Pro. Sect. Was there an autopsy? no

17. INFORMANT (ADDRESS) Howard Green
mobberly mo

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

18. BURIAL, CREMATION, OR REMOVAL PLACE Coloma DATE July 9 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Tom B. Patton
Huntsville mo

Manner of injury _____

Nature of injury _____

20. FILED July 5 1938 Ethel Blecker Local Registrar.

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. D. Ash M. D.

(Address) mobberly mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

26308
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1. PLACE OF DEATH
 (a) County Randolph Registration District No. 735
 (b) Township Sugar Creek Primary Registration District No. 5970
 (c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Clinton Green
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m
 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>69</u>	<u>3</u>	<u>17</u>	

8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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) _____

FATHER 13. NAME _____ 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____ 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19.

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED 9/28 1938 C. O. Nash Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____
 I last saw him _____ 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:
Infection of Prostate Date of onset _____
Gland
for Nephrotic Prostate Gland
Transurethral operation
 Other contributory causes of importance: arterio sclerosis | 31
for removal of Prostate
 Name of operation Trans. Urethral Date of 1937
 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) C. O. Nash, M. D.
 (Address) Moberly Mo

SUPPLEMENT

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Exact statement of OCCUPATION is very important.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

26308
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1. PLACE OF DEATH
 (a) County Randolph Registration District No. 735
 (b) Township Sugar Creek Primary Registration District No. 2970 Registered No. 133
 (c) City..... (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Clinton Green
 (a) Residence, No. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF No Data
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20 1869
 7. AGE YEARS 69 MONTHS 3 DAYS 17 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 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).....
 FATHER 13. NAME.....
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY).....
 MOTHER 15. MAIDEN NAME.....
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY).....
 17. INFORMANT (ADDRESS).....
 18. BURIAL, CREMATION, OR REMOVAL PLACE..... DATE..... 19.
 19. FUNERAL DIRECTOR (ADDRESS).....
 20. FILED July 8, 1938 Ethel Blecter Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1938
 22. I HEREBY CERTIFY, That I attended deceased from....., to....., 19.....
 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:
 Date of onset.....
 Other contributory causes of importance:
 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) E. O. Mohr, M. D.
 (Address) Mooreville, Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. Exact statement of OCCUPATION is very important. Cause of death in plain terms, so that it may be properly classified.