

REC'D OCT 26 1938

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

33421  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Schuyler Registration District No. 805  
(b) Township Schuyler Primary Registration District No. 6050 Registered No. 44  
(c) City Oshtemo (d) Street No. Highway #63 - 3 miles north of Lancaster  
(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

Forest Frederick Green  
(a) Residence, No. Oshtemo Iowa 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 Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6 - 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
30 7 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter  
9. Industry or business in which work was done, as saw mill, bank, etc. Hotel  
10. Date deceased last worked at this occupation (month and year) Sept. 22, 1938  
11. Total time (years) spent in this occupation 2

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

FATHER 13. NAME Ryland Green

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Revier Mo

MOTHER 15. MAIDEN NAME Amanda Rabue

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callos Miss

17. INFORMANT (ADDRESS) Ryland Green 822 W. Mechanic Oshtemo Ia

18. BURIAL, CREMATION, OR REMOVAL PLACE Oshtemo Ia DATE 9-24 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Minnie Marshall Lancaster Mo

20. FILED Sept. 29, 1938 Burdig Drake Local Registrar.  
Deputy

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25, 1938

22. I HEREBY CERTIFY, that I attended deceased from Sept 22, 1938, to Sept 25, 1938

I last saw him alive on Sept 22, 1938, 1938. Death is said

to have occurred on the date stated above, at 8:30 pm.  
The principal cause of death and related causes of importance were as follows:

Suris Thrombosis

Other contributory causes of importance:

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? Accident Date of injury Sept 22, 1938  
Where did injury occur? #63 Highway 3 m. N. of Lancaster  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Highway  
Manner of injury Automobile accident  
Nature of injury Injury to head

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify None

(Signed) F. D. Venable, M.D.  
(Address) Dorning, Mo

210M  
98

RECEIVED

District Health Officer No. 10

District File Number 10-38-374

Date Filed 10-7-38

**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

33424  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Schuyler Registration District No. 805  
 (b) Township Liberty Primary Registration District No. 62-570 Registered No. ....  
 (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 Forest Frederick 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 Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m  
 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.  
30 7 16

OCCUPATION  
 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

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 19.. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22 1918  
 22. I HEREBY CERTIFY, That I attended deceased from .. to ..  
 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:  
Automobile accident.  
Collision with another automobile  
 Other contributory causes of importance: 2:12 PM  
 Date of onset

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 Automobile accident  
 Nature of injury Injury to head

24. Was disease or injury in any way related to occupation of deceased? .....  
 If so, specify Dr. F. U. De Vinney, M. D.  
 (Signed) Howman (Address) Ind

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

SUPPLEMENTARY

S-33421