NOV 1 2 1938

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

Do not use this space.

File No. 37032

Registered No.

1. PLACE OF DEATH

County: Sullivan — Registration District No. 852

Township: Polk — Primary Registration District No. 6120

City: Milan. (No. ..... St. ..... Ward)

2. FULL NAME: CHARLES REEVES GREEN.

(a) Residence, No. ..... St., ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Mary Etta Green

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 10, 1859

7. AGE: Years 79 — Months 5 — Days 9 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

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): Monroe County, Kentucky.

FATHER

13. NAME: John P. Green

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

MOTHER

15. MAIDEN NAME: Nackey Ford.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky.

17. INFORMANT (ADDRESS): Rose Green, Milan, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Oak Grove Cem. Milan, DATE: Oct. 20, 1938

19. UNDERTAKER (ADDRESS): C. A. Schoene, Milan, Mo.

20. FILED: Nov. 2 1938 Cleo Hagan, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Prior, 1920, to Oct. 19th, 1938

I last saw him alive on Oct 18th, 1938. Death is said to have occurred on the date stated above, at 3:55 a.m.

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

| | Date of onset |
|---|---|
| Hypertension — | |
| Apoplectic Stroke. | Oct 16th |

Other contributory causes of importance: Age of Patient.

Name of operation ..... Date of .....

What test confirmed diagnosis? Symptoms 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? No.

If so, specify .....

(Signed) L. Grace Simmons, M.D.

(Address) Milan 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.

WRITE PLAINLY, WITH STANDARD INK. THIS IS A PERMANENT RECORD.

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RECEIVED
District Health Officer No. 10
District File Number 10-38-601
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