

REC'D FEB 24 1939

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

3005
Do not use this space.

1. PLACE OF DEATH

(a) County Madison Registration District No. 535
(b) Township St. Michaels Primary Registration District No. 3028 Registered No. 6
(c) City Fredericktown Mo (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

657 JOHN HENRY GREEN
(a) Residence, No. 607 Allen St. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u> <u>Maggie Green</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 20 1866</u>		
7. AGE <u>72</u>	YEARS <u>5</u>	MONTHS <u>3</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Blacksmith</u>		11. Total time (years) spent in this occupation <u>30 yrs</u>
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Shop</u>		
10. Date deceased last worked at this occupation (month and year) <u>1914</u>		
12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>Oliver Green</u>		
14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Ohio</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Clarence Kennedy</u> <u>607 Allen St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mine La Motte</u> DATE <u>Jan 25 1939</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>William B. O'Connor</u> <u>Fredericktown Mo.</u>		
20. FILED <u>Jan 25 1939</u> <u>S. A. S. Claunch</u> <u>Local Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/28 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 17 - 1939, to 1/23 1939
I last saw him alive on Jan 2 1939 Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Maleria and Acute Nephritis

Other contributory causes of importance: 35

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 1/23 1939
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) W. G. Barber M. D.
481 (Address) Fredericktown, Mo.

Date of onset

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

STATEMENT BY LICENSED EMBALMER

I, William B. O'Connor, Licensed Embalmer No. 3975

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed William B. O'Connor

Licensed Embalmer No. 3975

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.)