

JUN 14 1939

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

Do not use this space.

733

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001
(No. State Hospital # 2)

File No. 18070
Registered No. 513
St. _____ Ward _____

2. FULL NAME James Green

(a) Residence No. 1024 Towhe 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF - Mrs. Mattie Green (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16 - 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
55 2 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner
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) King City Mo.

13. NAME James Green

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Del. Unknown

15. MAIDEN NAME Melba Green

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Del. Unknown

17. INFORMANT Wm. Green (ADDRESS) St. Joseph, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph, Missouri DATE May 18 1939

19. UNDERTAKER E. P. Sidenpader (ADDRESS) 602 South 10th Street

20. FILED 5/16 1939 H. J. McElwee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1939

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1939, to May 15, 1939. I last saw him alive on May 14, 1939. Death is said to have occurred on the date stated above, at 4:30 a.m.

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

Bronchopneumonia
1/31
Date of onset: 5 days

Other contributory causes of importance: Chronic nephritis (Presbycopia)

Name of operation _____ Date of _____
What test confirmed diagnosis? Chumley's Was there an autopsy? no

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) P. S. Jahn M. D.
(Address) State Hosp # 2 St. Joseph Mo.

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, Theron D Smith Licensed Embalmer No. 3928

hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by myself

or by Mollie Edenfader Licensee No. 145

Signed Theron D Smith

Licensed Embalmer No. 3928

NOTE: The above statement is required by the Board of Health in the City of Hamilton, N.Y. and is subject to the provisions of Chapter 10 of the Laws of 1907.