

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.

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

Do not use this space.

NOV 13 1941

33733
3669

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

(No.

File No.

Registered No.

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

Shepherd Green

Length of residence in city or town where death occurred

28 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

ysr.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE Caucasian

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8, 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>72</u>	<u>1</u>	<u>21</u>	<u>21</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont no Ga

13. NAME Ben Green

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont no Ga

15. MAIDEN NAME Dont no

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont no Ga

17. INFORMANT (ADDRESS) Mathie Green 2417 Halley

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Blue Ridge Youngs 10-2 1941

19. UNDERTAKER (ADDRESS) Bradley Brown 1702 Strodes

20. FILED 10/21 1941 M. M. Crow

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29, 1941

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1941, to Sept 29, 1941

I last saw him alive on Sept 25, 1941. 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:

Coronary Thrombosis

Date of onset 9/4/41

Other contributory causes of importance General Arterio Sclerosis

Name of operation none 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? no 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 no

(Signed) J. W. Valentin, M. D.
(Address) Seaside City Mo

Registrar

June 17 1932

From
the [unclear]

—

embalmed by L. H. [unclear] Dr. [unclear]
Licence No. 3388
[unclear]