

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

Do not use this space.

9314

**1. PLACE OF DEATH**

County Amey  
Township Deepwater  
City Deepwater (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 366  
Primary Registration District No. 4208

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME Wm Green**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

**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>Widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Don't know</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Don't know</u>					
7. AGE		YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>Don't know</u>					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>				
	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) <u>Iowa</u>					
MOTHER	13. NAME <u>Charles W. Green</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>				
	15. MAIDEN NAME <u>Martha Smith</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>					
17. INFORMANT (ADDRESS) <u>Lemon Green</u> <u>Deepwater Mo</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>DeWitt Cemetery</u> DATE <u>3/31</u> 19 <u>33</u>					
19. UNDERTAKER (ADDRESS) <u>Dunning &amp; Hessel</u> <u>Deepwater Mo</u>					
20. FILED <u>3/30</u> 19 <u>33</u> <u>J. H. Hessel</u> Registrar.					

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/30, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/30, 1930 to 3/30, 1933  
I last saw him alive on 3/29, 1933 Death is said to have occurred on the date stated above, at 10<sup>15</sup> A.M.  
The principal cause of death and related causes of importance were as follows:  
Apoplexy  
HTA  
2/100  
8/2/33  
Date of onset 3/29/33

Other contributory causes of importance:  
Hypertension

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 \_\_\_\_\_  
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) E. C. Peeler, M. D.  
(Address) Clinton 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 UNFADING INK---THIS IS A PERMANENT RECORD

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