

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.

JAN 26 1934

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

Do not use this space.

39847

1. PLACE OF DEATH

42 County Henry Registration District No. 347
Township Bogard Primary Registration District No. 5495
City (No.) St. Ward

2. FULL NAME Charles Peter Green

(a) Residence, No. 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 <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Minnie Green</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-12-1844</u>					
7. AGE		YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<u>89</u>	<u>2</u>	<u>23</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired Farmer</u>				
	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>Anti-Typal</u>					
FATHER	13. NAME <u>Don't Know</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>				
MOTHER	15. MAIDEN NAME <u>Don't Know</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>				
17. INFORMANT <u>Ben Reynolds</u> (ADDRESS) <u>Litch</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> PLACE <u>Litch</u> DATE <u>12-7</u> 19 <u>33</u>					
19. UNDERTAKER <u>A.P. Smith</u> (ADDRESS) <u>Litch</u> <u>Mo</u>					
20. FILED <u>12718</u> 19 <u>33</u> <u>J.R. Houston</u> Registrar.					

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-5 1933

22. I HEREBY CERTIFY, that I attended deceased from Oct 23 1933, to Dec 5 1933.
I last saw him alive on Dec 3 1933. Death is said to have occurred on the date stated above, at 12 A.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
W.R.A.
82
Other contributory causes of importance: no

Name of operation Date of
What test confirmed diagnosis? Physic 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?
If so, specify
(Signed) A.P. Smith, M. D.
(Address) Litch Mo

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