

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH
Henry

County.....
Township.....
City..... Windsor (No.....)

Registration District No. **14**Primary Registration District No. **14**File No. **12645**Registered No. **9** St. Ward2. FULL NAME **Clamdon B. Greene**(a) Residence, No. **West Benton** St., Ward.Length of residence in city or town where death occurred **30** 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Unknown**6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 12, 1851**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 4 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **rt Miner**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Coal Mine**

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) **Kentucky**13. NAME **Unknown**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**15. MAIDEN NAME **Unknown**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**17. INFORMANT **Henry Miller**
(ADDRESS) **Windsor, Mo.**18. BURIAL, CREMATION, OR REMOVAL PLACE **Windsor, Mo.** DATE **April 29-34**19. UNDERTAKER **HUSTON'S FUNERAL CHAPEL**
(ADDRESS) **Windsor, Mo.**20. FILED **Apr 29 1934** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 28 1934**

22. I HEREBY CERTIFY, That I attended deceased from **1930**, to **Apr 28, 1934**
I last saw him alive on **April 28, 1934** Death is said to have occurred on the date stated above, at **5 pm**.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Injury
Date of onset **Don't know**
Apr 20.

Name of operation _____ Date of _____
What test confirmed diagnosis? **Clinical** 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?
If so, specify _____
(Signed) **T. J. Jennings** M. D.
(Address) **Windsor, 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.

