

NOTE: 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.

REC'D MAR 20 1938

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

Do not use this space.

7165

1. PLACE OF DEATH

County Johnson

Registration District No. 431

File No. 7165

Township Warrensburg

Primary Registration District No. 3023

Registered No. 12

City Warrensburg (No. 650)

St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. Melvin Lee Green St. 650 Ward 1
(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)

Single

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

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

July-23-1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

0

6

9

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.

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)

Knoxboro Mo

13. NAME

Albert Green

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

Kansas

15. MAIDEN NAME

Goldie Canida

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

Knoxboro Mo

17. INFORMANT (ADDRESS)

Albert Green
Warrensburg

18. BURIAL, CREMATION, OR REMOVAL

PLACE Rock Hill Cem DATE Feb 5 1938

19. UNDERTAKER (ADDRESS)

Surma Phillips
Warrensburg Mo

20. FILED

Feb 4 1938 Eva Kent
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Feb-2-1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 24 1938 to Feb 24 1938

I last saw him alive on Feb 24 1938 Death is said to have occurred on the date stated above, at 7:30 P.m.

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

Pneumonia

Date of case Jan 31

Other contributory causes of importance:

whooping cough

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....., 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) Dr. Hall M. D.

(Address) Warrensburg Mo

