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.

APR 14 1936

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

Do not use this space.

6575

1. PLACE OF DEATH

County: Lafayette — Registration District No.: 460 — File No.:

Township: ~~Davis~~ — Primary Registration District No.: 4274 — Registered No.: 27

City: Higginsville, (No. ..., ... St. ... Ward)

2. FULL NAME Mrs. Fannie 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 Female

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 Fountian Green Deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 16 Dec 1864

7. AGE Years: 71 Months: 1 Days: 23 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

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) Saline Co. Mo.

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Louis Green
(ADDRESS) Higginsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE ~~City Higginsville~~ DATE ~~2/11/36~~

19. UNDERTAKER A. H. Hader
(ADDRESS) Higginsville, Mo.

20. FILED Feb 12, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1936, to Feb 9, 1936

I last saw h. alive on Feb 8, 1936. Death is said to have occurred on the date stated above, at 1 A m.

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

	Date of onset
Chronic Otitis media	many years

Other contributory causes of importance:

Mastoiditis	Feb 1-4-36
Thrombosis of lateral sinus with meningeal involvement	Feb 5 1936

Name of operation None Date of —

What test confirmed diagnosis? Physical Sign 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) W. K. Oppenheimer, M. D.

(Address) Higginsville, Mo.

Water