

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

Do not use this space.

NOV 22 1937

1. PLACE OF DEATH

County Lake Registration District No. 689
Township Buffalo Primary Registration District No. 3033
City Anderson (No. Manual Spru Santorum St. Ward)

File No. 38501

2. FULL NAME

My Minnie Green
(a) Residence, No. Curryville, Mo. Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE CU 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. J. Green 1867

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31 - 1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>69</u>	<u>11</u>	<u>25</u>	

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

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) Mo

13. NAME L. J. Bunsbiller

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

15. MAIDEN NAME M. J. Bunsbiller

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

17. INFORMANT (ADDRESS) Charles Green Curryville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Methodist Church DATE Oct 8 1937

19. UNDERTAKER (ADDRESS) W. J. Roberts

20. FILED 10/7 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1937 to Oct. 6, 1937

I last saw him alive on Oct 5, 1937. Death is said to have occurred on the date stated above, at 5 A.M.

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

fat embolism following fracture of femur.

Other contributory causes of importance:

Name of operation Open reduction Date of 28 Sept 37

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accidental Date of injury Sept 25, 1937

Where did injury occur? in Curryville (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury fall

Nature of injury fracture femur

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) S. L. Bilezikian, D.O., M. D.

(Address) Louisiana 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.

