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.

MAR 17 1937

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

Do not use this space.

1. PLACE OF DEATH
County Cedar — Registration District No. 167 — File No. 5443
Township Madison — Primary Registration District No. 5233 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Minnie M G###rGreer
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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) Widdowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17 1875

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
61	3	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Feb 12 1937
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co Mo

FATHER
13. NAME Brantley Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) C edar Co Mo

MOTHER
15. MAIDEN NAME LaurindaHhrtley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co Mo

17. INFORMANT (ADDRESS) Daisy May Greer Fair Play, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lindley Praitrrie DATE Feb27 1937

19. UNDERTAKER (ADDRESS) Frank W Barker

20. FILED Feb. 28 1937 B. A. Cheek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) , 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 13 1937 to Feb 22 1937
I last saw her alive on Feb 22 1937. Death is said to have occurred on the date stated above, at 7.10P M m.
The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia 2-22-37 — Date of onset
Other contributory causes of importance: Influenza
Name of operation # Clinical 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? No
If so, specify Chas H Brown
(Signed) Fair Play Mo, M. D.
(Address)