

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

Do not use this space.

32783

**1. PLACE OF DEATH**

County Buchanan  
Township.....  
City St. Joseph, (No. ....)

Registration District No. 85  
Primary Registration District No. 1001  
Missouri Methodist Hospital

File No. ....  
Registered No. 1168  
St. .... Ward)

**2. FULL NAME** Della Florence Brown,

(a) Residence. No. .... St., ..... Ward. Cameron, Missouri.  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. 8 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) Married,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 2nd. 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
50      0      12

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work At Home,  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Easton,  
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER Robert Allen Holmes,  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Buchanan Co.,  
(STATE OR COUNTRY) Missouri,  
12. MAIDEN NAME OF MOTHER Sarah Belle Duval  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,  
(STATE OR COUNTRY) Unknown,

14. INFORMANT Anthony S. Brauer,  
(Address) Cameron, Missouri

15. FILED NOV 15 1927 REGISTRAR John G. G. G.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 14 19 27

17. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1927, to Nov 14, 1927, that I last saw h..... alive on Nov 14, 1927, and that death occurred, on the date stated above, at 5:15 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Peripneumonic illness following  
hypertension for  
lesions of the us

CONTRIBUTORY Secondary anemia  
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? Easton Mo

DID AN OPERATION PRECEDE DEATH? yes DATE OF 11/5 - 27

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam.

(Signed) H. K. Walker, M. D.

11/15 19 27 (Address) 301 N 8 St Joseph Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Harmony Cemetery DATE OF BURIAL Nov. 15 19 27

20. UNDERTAKER Heaton-Baylor, Und. Co. ADDRESS 316 S. 10 St.

by R. H. Frank

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.

DEPARTMENT RECORD

NOV 2 1927

J. Wallace

301 N. 8