FEB 21 1928

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

Do not use this space.

1544

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No.
Township Galena — Primary Registration District No. 2002 — Registered No. 35
City Joplin (No. St. John Hospital St. Ward)

2. FULL NAME Doris Virginia Brown
(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): —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 15-1926
7. AGE: Years — Months: 13 — Days: 2 — If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas.

PARENTS
10. NAME OF FATHER: Virgil L Brown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Nadydeen Lance
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kansas

14. INFORMANT: Virgil L. Brown.
(Address) Crestline Route #1 Kansas

15. FILED 1/21, 1928 Dr A Benson Clark REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 20 1928.
17. I HEREBY CERTIFY, That I attended deceased from Jan 13 Jan 13, 1928, to Jan 20, 1928 that I last saw her alive on Jan 20, 1928, and that death occurred, on the date stated above, at 9:40 m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Bronical Pneumonia
100 A
(duration) yrs. mos. 12 ds.
CONTRIBUTORY (SECONDARY): Pulmonary Abscess
(duration) yrs. mos. 4 ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Dr Ellsworth Moody
1/21, 1928 (Address) Joplin, Missouri

*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: Pleasant View, Kansas — DATE OF BURIAL: 1/22 1928
20. UNDERTAKER: Clark Und Co — ADDRESS: Galena Ks

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.

...PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD