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

Do not use this space.
Horst

16785

File No. .....
Registered No. 367

1. PLACE OF DEATH
County: Greene
Township: .....
City: Springfield (No. 513 W. Poplar St. ..... Ward)
Registration District No. 318
Primary Registration District No. 2001

2. FULL NAME: Eliza N. Brown
(a) Residence. No. 513 W. Poplar 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): Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 17 1850

7. AGE: Years 77 | Months 6 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

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) Ky
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER James Buchanan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT H. E. Brown
(Address) Springfield, Mo.

15. FILED 5/12, 1928 O C Horst M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-12 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 1928, to 5-12 1928, that I last saw her alive on 5-11 1928, and that death occurred, on the date stated above, at 3:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

107A Pneumonia Bronchial
97
(duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Arterial Sclerosis
(duration) Several yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? Not IF NOT AT PLACE OF DEATH? place of death
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings

(Signed) O C Horst, M. D
5/12, 1928 (Address) 432 Landers Bldg

*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 Hazlewood Cemetery
DATE OF BURIAL May 13 1928

20. UNDERTAKER J. W. Klingner & Co
ADDRESS 24 E. Pond St. Springfield, 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.

THIS IS A PERMANENT RECORD