

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

Do not use this space.

36271

1. PLACE OF DEATH

County Candor
Township Anglaize
City (No.) St. Ward

Registration District No. 575
Primary Registration District No. 5779

File No. 20
Registered No. 20

2. FULL NAME

Helen Maxine 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) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 3 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9 20

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)

(STATE OR COUNTRY) Candor Mo

10. NAME OF FATHER

Gilbert Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Candor Mo

12. MAIDEN NAME OF MOTHER

Eula Ida Kissing

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Candor Mo

14.

INFORMANT Gilbert Brown
(Address) Standland Mo R.F.D. #2

15.

FILED 11-23-28 W.D. Paul REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11 - 23 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1928, to Nov 22, 1928, that I last saw her alive on Nov 22, 1928, and that death occurred, on the date stated above, at 6 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diphtheria
10 (duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS bedside
(Signed) W.D. Paul, M. D.

11-22, 1928 (Address) Standland 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

High Point

DATE OF BURIAL

11-23-1928

20. UNDERTAKER

J.O. Traver

ADDRESS

Standland 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.

WRITE PLAINLY, WITH CONFIDENCE

13-44-20

