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

Do not use this space.

14295

MAY 24 1929

35

1. PLACE OF DEATH

County: Dunklin — Registration District No.: 282

Township: Union — Primary Registration District No.: 3401

City: ..... (No. ..... St. ..... Ward)

File No.: .....

Registered No.: 18

2. FULL NAME: Ella 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.

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.

31 31 2 2301

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Fem. | White | Married |

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: S. S Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr 13-1871

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 58 | | 1 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House wife

(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): Tenn.

PARENTS

10. NAME OF FATHER: Andrew Dulson

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unk — (STATE OR COUNTRY)

14. INFORMANT: Husband. (Address): Campbell

15. FILED: 4/15, 1929 — E. W. Landers, REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 14 1929

17. I HEREBY CERTIFY, That I attended deceased from March 11, 1929, to April 10, 1929, that I last saw her alive on April 10, 1929, and that death occurred, on the date stated above, at 9 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uterine Carcinoma

4 M (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 46 (duration) ..... yrs. ..... mos. ..... ds.

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? None

(Signed) M. L. Cone, M. D

, 19 (Address) Campbell, 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 | DATE OF BURIAL |
|---|---|
| Four Mile Cem. | 4/15 1929 |

| 20. UNDERTAKER | ADDRESS |
|---|---|
| E. W. Landers | Campbell Mo. |