

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

Do not use this space.

**34286**

**1. PLACE OF DEATH**

County Lawrence  
Township Bank  
City (No. ....) (St. ....) (Ward)

Registration District No. 474  
Primary Registration District No. 5638

File No. ....  
Registered No. 2

**2. FULL NAME**

Clara B. 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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-8-1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
<u>0</u>	<u>65</u>	<u>11</u>	<u>9</u>	

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) Lawrence Co. Mo.  
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Samson Bennis</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>unknown</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>unknown</u> (STATE OR COUNTRY)

14. INFORMANT Reva L. Brown  
(Address) Beerton Mo

15. FILED Oct 23 1929 Miss Eliza Miller  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-19-1929

17. I HEREBY CERTIFY, That I attended deceased from Oct, 1929, to Oct, 1929, that I last saw her alive on Oct, 1929, and that death occurred, on the date stated above, at 8:00 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary Tuberculosis.  
23 hr  
(duration) 2 yrs. .... mos. .... ds.  
CONTRIBUTORY (SECONDARY) 31  
(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 Clinical  
(Signed) Charles H. McHaffie, M.D.  
10-22-1929 (Address) ash Grove 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 <u>Dunkill</u>	DATE OF BURIAL <u>10-22-1929</u>
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20. UNDERTAKER <u>J.W. Morris &amp; Liman</u>	ADDRESS <u>Miller Mo.</u>
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WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

