

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

Do not use this space.

36315

1. PLACE OF DEATH

County Boone
Township Columbia
City Columbia (No. _____)

Registration District No. 73
Primary Registration District No. 3006

File No. 272
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Olive 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 10 yrs. - mos. - ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 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) 3-6-1903

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>26</u>	<u>8</u>	<u>8</u>	<u>8</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work coal miner
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Columbia
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Elmer Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Boone Co.
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Eliza Redman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Boone County
(STATE OR COUNTRY) Missouri

14. INFORMANT Eliza Barrett
(Address) Columbia, Mo.

15. FILE 11-16-29 Beatrice Grubbs
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-14 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 1-29, 1929, to Nov 24, 1929 that I last saw him alive on Nov 10 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Pneumonia tubercular
23A
2 don't know (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

(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) J. H. Sawyer M. D.

, 19 _____ (Address) Columbia 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 Hinton Missouri DATE OF BURIAL 11-17-19 29

20. UNDERTAKER Stuart P. Parker ADDRESS Columbia, 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.

