

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

Do not use this space.

36528

**1. PLACE OF DEATH**

County Callaway Registration District No. 1111  
Township Cleveland Primary Registration District No. 5160  
City (No. ....) St. .... Ward)

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

**2. FULL NAME**

Miss Rose Lee Brown  
(a) Residence, No. Stephens Mo. 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**

**2 MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 6 1929

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

17. I HEREBY CERTIFY, That I attended deceased from about Nov 19 1929 to Nov 29 1929  
that I last saw her alive on Oct 25 1929, and that death occurred, on the date stated above, at 7:30 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 29-1864

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
64 3 7

Permeious Anemia  
JSD (duration) 3 yrs. .... mos. .... ds.

**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 .....

CONTRIBUTORY (SECONDARY) Indigestion (duration) 3 yrs. .... mos. .... ds.

9. BIRTHPLACE (CITY OR TOWN) Hinton  
(STATE OR COUNTRY) Boone Co Mo

18. WHERE WAS DISEASE CONTRACTED Place of death  
IF NOT AT PLACE OF DEATH .....

10. NAME OF FATHER Riley Brown

19. DID AN OPERATION PRECEDE DEATH? no DATE OF .....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know  
(STATE OR COUNTRY) .....

20. WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Kathryn Wirtz

WHAT TEST CONFIRMED DIAGNOSIS? none

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know  
(STATE OR COUNTRY) Boone Co Mo

(Signed) R. L. Hopper, M. D.

, 19 (Address) Stephens 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.

14. INFORMANT Harry L Brown  
(Address) Stephens Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
Rocky fork Cemetery Nov 7 1929

15. FILED Nov 29 1929 B. H. Stephens REGISTRAR

20. UNDERWRITER ADDRESS  
B. B. Baker Columbia Mo

Exact statement of OCCUPATION is very important.  
CAUSE OF DEATH in plain terms, so that it may be properly classified.

4  
1929

60  
1929

PARENTS



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Callaway  
Township Cleveland  
City..... (No..... St..... Ward)

Registration District No. 1111  
Primary Registration District No. 3160

File No.....  
Registered No.....  
St..... Ward)

**2. FULL NAME**

Mrs Rose Lee 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 6 1929

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

17. I HEREBY CERTIFY, That I attended deceased from....., 19..... to....., 19..... that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 29 - 1864

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
65 3 7

**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.....

CONTRIBUTORY (SECONDARY)..... (duration)..... yrs. mos. ds.  
18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
WAS THERE AN AUTOPSY.....  
WHAT TEST CONFIRMED DIAGNOSIS.....  
(Signed)....., M. D.  
, 19 (Address)

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED Nov 14 1929 W. H. Stephens REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

20. UNDERTAKER ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

S-36528