

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.

Oct 26 1930

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

Do not use this space.

22686
179

1. PLACE OF DEATH
 County Newton Registration District No. 609
 Township Newsho Primary Registration District No. #3603
 City Newsho (No. South College St. Ward)

2. FULL NAME Clara M 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) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. J. Brown
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 13 1846
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 9 18
 8. OCCUPATION OF DECEASED Housewife
 (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) Ohio
 (STATE OR COUNTRY)
 10. NAME OF FATHER Henry S Chenoweth
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Lavinia White
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)

14. INFORMANT Mo J. Harpoot
 (Address) Newsho Mo
 15. FILED 8/2 30 L. C. Mauss
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 31 1930
 17. I HEREBY CERTIFY, That I attended deceased from July 31, 1930 to July 31, 1930 that I last saw him alive on July 29, 1930, and that death occurred, on the date stated above, at 10:05 A. m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS
Encephalitis - Cerebellar
and Neurothe-
ria 92B
87B (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?..... DATE OF.....
 WAS THERE AN AUTOPSY?.....
 WHAT TEST CONFIRMED DIAGNOSIS?.....
 (Signed) W. Roseberry, M. D.
7/31, 1930 (Address) Newsho 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 St. F. Cemetery DATE OF BURIAL 8/2 30
 20. UNDERTAKER Bryham's ADDRESS Newsho

