

MAR 26 1931

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

Do not use this space.

6596

1. PLACE OF DEATH  
81 County Phelps Registration District No. 677  
Township Rolla Primary Registration District No. 4403  
City Rolla (No. ....) St. .... (Ward)

File No. ....  
Registered No. 17

2. FULL NAME Nora Ann Brown  
(a) Residence. No. Lecoma, Mo 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 19 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
49 8 9

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housewife 235  
(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) Arkansae

10. NAME OF FATHER Z.T. Trustee

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

12. MAIDEN NAME OF MOTHER Dont Know

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

14. INFORMANT Wm Brown (Address) Lecoma, Mo.

15. FILED Feb 23 1931 Geo. F. Myers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-22-31  
17. I HEREBY CERTIFY, That I attended deceased from 2-4-31, 19... to 2-22-31 that I last saw him alive on 6-30-19, and that death occurred, on the date stated above, at 6-30-19 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Erysipelas  
15B (duration) yrs. mos. 15 ds.  
CONTRIBUTORY (SECONDARY) left breast removed  
Carcinoma (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH  
150 DID AN OPERATION PRECEDE DEATH? yes DATE OF 2-4-31  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) A. Sidney McFarland M.D.  
19 (Address) Rolla 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  
Cold Spring, Phelps Co, Feb 23 1931

20. UNDERTAKER ADDRESS  
Will & Dicklider Rolla, 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.

