

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

Do not use this space.

Dr. J. L. Butler
10985
File No. _____
Registered No. 34
St. _____ Ward _____

1. PLACE OF DEATH

78 County Boonville Registration District No. 681
Township Little Prairie Primary Registration District No. 5862
City _____ St. _____ Ward _____

2. FULL NAME

Viola Virginia Brown
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-6-31

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 20 0

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caruthersville, Mo.

FATHER
13. NAME Geo Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Essie Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Geo. Brown (ADDRESS) Caruthersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Cemetery DATE 3/27, 1931

19. UNDERTAKER (ADDRESS) W. S. Stah Caruthersville, Mo.

20. FILED April 9, 1931 Oda Mortimer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/26 1931

22. I HEREBY CERTIFY, That I attended deceased from 3-6-31, 1931, to 3/27/31, 1931.
I last saw her alive on 3/19/31, 1931. Death is said to have occurred on the date stated above, at 4-10 P.M.
The principal cause of death and related causes of importance were as follows:

Not known
no diagnosis made
2000
Other contributory causes of importance:
2000
Date of onset Mar. 6, 31

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1931
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) J. Butler M. D.
(Address) Caruthersville Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARKED RESERVED FOR BINDING

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 OCCURRENCES is important.

APR 23 1931

