

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

Do not use this space.

1. PLACE OF DEATH

County Lewis
Township Highland
City Highland (No. _____)

Registration District No. 478
Primary Registration District No. 1642

File No. 21988
Registered No. 12
St. _____ Ward _____

2. FULL NAME

Ethel M. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25, 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>46</u>	<u>-</u>	<u>5</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Maywood Mo

13. NAME Ethel Margaret Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 2-Belle Mo

15. MAIDEN NAME Margarett Jennings

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

17. INFORMANT Wilbur N. Brown (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Dover DATE July 1, 1931

19. UNDERTAKER J. H. Chambers (ADDRESS) Maywood Mo

20. FILED 7/10 1931 Anna K. Ball Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1931

I HEREBY CERTIFY That I attended deceased from June 28, 1931 to June 29, 1931
I last saw him alive on June 29, 1931 Death is said to have occurred on the date stated above, at 3:40 am.

The principal cause of death and related causes of importance were as follows:

Toxaemia
172B
140B
69B / 22B

Other contributory causes of importance:
Obstruction of bowels and peritonitis.

Name of operation Enterostomy Date of June 28-31
What test confirmed diagnosis? fluor. pie Was there an autopsy? W.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
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? W.
If so, specify J. N. Waynes, M. D.
(Signed) _____ (Address) Carlton, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PLACE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

