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

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.

SEP 22 [illegible]

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

Do not use this space.

28127

File No. 171

Registered No.

1. PLACE OF DEATH
County Howell — Registration District No. 384
Township — Primary Registration District No. 4227
City West Plains, Mo (No. ... St. ... Ward)

2. FULL NAME Elizabeth Jane Brown

(a) Residence, No. ... St., ... Ward. ... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F — 4. COLOR OR RACE wht — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29-1851

7. AGE — YEARS 80- — MONTHS 1 — DAYS 1 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
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) Tennessee

FATHER
13. NAME John Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Mary Bowman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Bowman Smith
(ADDRESS) West Plains Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dripping Spring DATE 9-1- 1931

19. UNDERTAKER McFarlands
(ADDRESS) West Plains Mo

20. FILED 9-31- 1931 O. A. Heinrich
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/31- 1931

22. I HEREBY CERTIFY, That I attended deceased from June 15 1931 to 8-30- 1931
I last saw h— alive on June 15 1931 Death is said to have occurred on the date stated above, at 7:20 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Face.	3 yrs
521	

Other contributory causes of importance: None

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 ..., 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? ...
If so, specify ...
(Signed) J. D. Lynn, M. D.
(Address) West Plains, Mo

1831 - 8 - 30
1880 - 7 - 29
80 - 1 - 1