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

Do not use this space.

30700

File No.

Registered No.

1. PLACE OF DEATH
County Camden
Township Auglaize
City
Registration District No. 275
Primary Registration District No. 5170 B
(No. St. Ward)

2. FULL NAME Barbra Jean 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: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: no
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sep 30 1931
7. AGE: YEARS / MONTHS / DAYS / If LESS than 1 day, 5 hrs. or 30 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year): none
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Camden Co. Mo

FATHER
13. NAME: Harrison Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Camden Co Mo

MOTHER
15. MAIDEN NAME: Weda Hulsey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Laclede Co

17. INFORMANT (ADDRESS): Harrison Brown

18. BURIAL, CREMATION, OR REMOVAL
PLACE High Point DATE 10-1 1931

19. UNDERTAKER (ADDRESS): none ~~Stoutland Mo~~

20. FILED Oct 1, 1931 W C Pauling Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sep 30 1931

22. I HEREBY CERTIFY, That I attended deceased from Sep 30, 1931, to Sep 30, 1931
I last saw her alive on Sep 30, 1931. Death is said to have occurred on the date stated above, at 10:30 p.m.
The principal cause of death and related causes of importance were as follows:
Mitral Regurgitant — Date of onset 9-30-1931

157C
157 / 157

Other contributory causes of importance:
Premature Birth

Name of operation: none — Date of 9-30-1931
What test confirmed diagnosis? Bedside — Was there an autopsy? no

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.
no injury
Manner of injury: none
Nature of injury: none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) W C Paul, M. D.
(Address) Stoutland 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.

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

OCT 22 1931