

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

Do not use this space.

35261

File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Pemiscot Registration District No. 4392
Township _____ Primary Registration District No. 655
City Stult (No. _____ St. _____ Ward _____)

2. FULL NAME

Margaret V. 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

OCCUPATION	3. SEX <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>child</u>	
	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>"</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-8-1929</u>				
7. AGE				
	YEARS <u>2</u>	MONTHS <u>8</u>	DAYS <u>27</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>child</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>"</u>			
	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) <u>Braggadonia Mo</u>				
MOTHER	13. NAME <u>Jess Brown</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Evansville Ind</u>			
	15. MAIDEN NAME <u>Elsie Toy</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Trenton Tenn</u>			
	17. INFORMANT (ADDRESS) <u>Jess Brown Stult Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <u>mt Zion</u> DATE <u>10-6</u> 19 <u>31</u>				
19. UNDERTAKER (ADDRESS) <u>Gorman mchd CO Stult Mo</u>				
20. FILED <u>11/1</u> 19 <u>31</u> <u>May P. Kelly</u> Registrar				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-6 1931

22. I HEREBY CERTIFY, That I attended deceased from July 2 1931, to _____, 1931.
I last saw him alive on 10-5 1931. Death is said to have occurred on the date stated above, at 12:35 p.m.

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

Whooping Cough by 2 Doses
120 B O

Other contributory causes of importance: _____

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. R. Williams, M. D.
(Address) Stult 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.

NOV 5 1931

