

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

Do not use this space.

5201

1. PLACE OF DEATH

51
6
9

County Johnson
Township Warrensburg
City Warrensburg (No. _____)

Registration District No. 431
Primary Registration District No. 3023

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

2. FULL NAME Devolia 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 F	4. COLOR OR RACE Negro	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13 1909		
7. AGE YEARS 22	MONTHS 4	DAYS 125
IF LESS than 1 day, _____ hrs. or _____ min.		

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. House Maid 244
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME Henry Brown

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

15. MAIDEN NAME Oria Suttington

16. BIRTHPLACE (CITY OR TOWN) Johnson, CO. (STATE OR COUNTRY)

17. INFORMANT Henry Brown (ADDRESS) 1019 14th Ave. Rock Island

18. BURIAL, CREMATION, OR REMOVAL III.
PLACE SunSet Hill DATE Feb. 10 1932

19. UNDERTAKER Sweeney-Phillips (ADDRESS) Warrensburg, Mo.

20. FILED Feb 11 1932 W. R. Patterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1931 to Jan 8 1932

I last saw him alive on Jan 8 1932 Death is said to have occurred on the date stated above, at _____ m.

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

Pneumonia tuberculosis Date of onset Oct 31
23A

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? no 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.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) W. R. Patterson M. D.
(Address) Warrensburg, 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.

REB 24 1932

