

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

Do not use this space.

5491

**1. PLACE OF DEATH**

70 County Montgomery Registration District No. 593  
6 Township Clayco Primary Registration District No. 4351  
3 City Montgomery (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 67

Registered No. \_\_\_\_\_

**2. FULL NAME**

Mable Van Brown  
(a) Residence, No. New Florence 940 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 30 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 OF (OR) WIFE OF Thomas Van Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3-1876

7. AGE YEARS 54 MONTHS \_\_\_\_\_ DAYS 6 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 3:5

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co, Mo.

13. NAME David Ellis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co

15. MAIDEN NAME Julia C. Hall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co

17. INFORMANT Clifford Ellis  
(ADDRESS) Montgomery, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE High Hill DATE 2/11 1932

19. UNDERTAKER E. W. Burch  
(ADDRESS) Montgomery, Mo.

20. FILED 2/20 1932 James O. Nelson, M.D.  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-9- 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 9 - 1932 to Feb 9 1932

I last saw him alive on Feb. 9 1932 Death is said to have occurred on the date stated above, at 9 p. m.

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

lobar pneumonia  
acute myocarditis

Date of onset

Feb 18 1932

Other contributory causes of importance:

general debility

1930

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? NO.

If so, specify \_\_\_\_\_

(Signed) James O. Nelson, M. D.

(Address) New Florence, Mo.

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.

NO. 24 1932

