

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

Do not use this space.

9684

MAY 28 1932

1. PLACE OF DEATH
 87 County Ralls Registration District No. 726
 2 Township _____ Primary Registration District No. 4432
 3 City New London (No. New London Mo) St. _____ Ward _____
 2. FULL NAME Gallie Brown
 (a) Residence, No. New London 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Wol 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1872
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
about 60
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 35
 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) Mo
 MOTHER 13. NAME Geo Mitchell
 FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 15. MAIDEN NAME Lina A Mitchell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 17. INFORMANT Mrs Nellie Watson
 (ADDRESS) New London
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE New London DATE _____ 19 _____
 19. UNDERTAKER Geo E Roberts
 (ADDRESS) _____
 20. FILED May 7 1932 J. S. Weston R. Egan
 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-2 1932
 22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1931, to 3-4, 1932
 I last saw deceased on 3-4, 1932. Death is said to have occurred on the date stated above, at 120 P m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset _____
H5K
 Other contributory causes of importance: (D)
 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. P. Neely M. D.
 (Address) New London Mo

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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Rolla

Registration District No. 726

Township

Primary Registration District No. 4402

City New London (No.)

File No.

Registered No.

St. Ward

2. FULL NAME

Callie 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 2, 1932

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

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

to 19.....

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

I last saw her alive on 19..... 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:

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

Date of onset

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

Other contributory causes of importance:

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)

.....

13. NAME

.....

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

.....

15. MAIDEN NAME

.....

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

.....

17. INFORMANT (ADDRESS)

.....

18. BURIAL, CREMATION, OR REMOVAL

.....

PLACE DATE

19. UNDERTAKER (ADDRESS)

.....

20. FILED

.....

1932 By W. J. Keefe Registrar

.....

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) W. J. Keefe, M. D.

(Address) Rolla, Mo.

SUPPLEMENTARY

Cancer of throat
4-5-32

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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