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

Do not use this space.

21936

File No. .....

Registered No. 146

1. PLACE OF DEATH

10 County Boone

3 Township .....

8 City Columbia (No. ..... St. ..... Ward)

Registration District No. 73

Primary Registration District No. 3006

2. FULL NAME Lizzie Wright Brown

(a) Residence, No. 71 N. West Blvd 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.

AUG 22 1932

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 George W Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 7 1857

7. AGE: Years 75 | Months 2 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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) Boone Co., Mo.

FATHER

13. NAME Dowing Reed

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

MOTHER

15. MAIDEN NAME Edna Wright

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

17. INFORMANT R. L. Brown
(ADDRESS) Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethel Cem DATE Jul 8 1932

19. UNDERTAKER Montgomery Co
(ADDRESS) Columbia

20. FILED 7/7/ 1932 Allie Selby
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1932, to July 6, 1932

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 40 P m.

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

Mitral Regurgitation
Senile Arteriosclerosis 59
4 Yrs Pulm Tbc

Date of onset

Other contributory causes of importance: None

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) E. C. Hillmann, M. D.

(Address) 20 S. 9 St.

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. PRINTING IS NOT ACCEPTABLE.

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