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.

JUN 22 1932

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

Do not use this space.

22448

1. PLACE OF DEATH
County Franklin — Registration District No. 294 — File No.
Township N. Clair — Primary Registration District No. 4178 — Registered No. 3 L
City (No. St. Ward)

36 5 6

2. FULL NAME Mildred Marie Brown.

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/4/30
7. AGE YEARS 2 MONTHS 2 DAYS 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.
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) St. Clair Mo

FATHER
13. NAME Crist Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eldon Mo

MOTHER
15. MAIDEN NAME Mayme Breer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co Mo

17. INFORMANT (ADDRESS) Crist Brown St. Clair

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Zion DATE 7/2 1932

19. UNDERTAKER (ADDRESS) Casey & Co St. Clair

20. FILED 7/2 1932 W. E. Kitchell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1932

22. I HEREBY CERTIFY That I attended deceased from 6/20, 1932, to July 1, 1932
I last saw her alive on 6-30, 1932. Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

Ileocolitis — Date of onset June 17

120

Other contributory causes of importance:

Name of operation no — Date of
What test confirmed diagnosis? Clinical — 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. E. Kitchell, M. D.
(Address) St. Clair Mo