

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

Do not use this space.

26042

**1. PLACE OF DEATH**

County Howard.

Registration District No. 378

Township \_\_\_\_\_

Primary Registration District No. 4222

City Fayette, (No. \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. 54

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Betty Brown Dvsart.

(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 Female, 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8 / 10 32 1932

7. AGE # YEARS # MONTHS # DAYS # If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 16 hr.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_

(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Fayette, (STATE OR COUNTRY) \_\_\_\_\_

10. NAME OF FATHER James H. Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tennessee,

12. MAIDEN NAME OF MOTHER Marion Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

14. INFORMANT Mrs L.A Gribble. (Address) Glasgow, Mo.

15. FILED 8/20 32 V.O. Bonham REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8 10 32 1932

17. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1932, to Aug 11, 1932 that I last saw him alive on 8-10, 1932, and that death occurred, on the date stated above, at 3:40 A.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pneumonia with larynx, a farian crevette  
157C  
157 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) 157 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

**WHAT TEST CONFIRMED DIAGNOSIS**

(Signed) W.H. Newkirk, M. D.

, 19 \_\_\_\_\_ (Address) Georgiou Hwy

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Roanoke, Mo. 8 II 32 DATE OF BURIAL \_\_\_\_\_ 19 \_\_\_\_\_

20. UNDERTAKER F. Malley. Fayette, Mo ADDRESS \_\_\_\_\_

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 CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

SEP 23 1932

