

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

Do not use this space.

41159

1. PLACE OF DEATH

85 County Polk
Township Northland
City Northland (No. _____) St. _____ Ward _____

Registration District No. 714
Primary Registration District No. 5994

File No. 2
Registered No. 5

2. FULL NAME

Lois Georgenia Brown

(a) Residence, No. _____ St. _____ Ward _____ (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) single
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 26, 1924

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
8 7 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl
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) Polaski Co, I

13. NAME Bannon Smith Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polaski Co,

15. MAIDEN NAME Pollie Gann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polaski Co,

17. INFORMANT (ADDRESS) Bannon Smith Brown
Bloodland Ind.

18. BURIAL, CREMATION, OR REMOVAL PLACE Friendship DATE 12-15-32

19. UNDERTAKER (ADDRESS) Chas. Gitterberry
Bloodland Ind.

20. FILED 1-10- 1933 S. S. Kooner
Registrar.

W MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1932, to Dec 15 1932

I last saw him alive on Dec 15 1932 Death is said to have occurred on the date stated above, at 3:00 P.M.

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

Flu
59
110
11B
Other contributory causes of importance: Inability. 1932

Name of operation _____ Date of _____
What test confirmed diagnosis Specimen Was there an autopsy? no

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) C. A. Talbot, M. D.
(Address) Waynesville

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.

