

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.

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

Do not use this space.

43019

1. PLACE OF DEATH

110 County Washington
Township Liberty
City (No.)

Registration District No. 887
Primary Registration District No. 6181

File No. _____
Registered No. 94
St. _____ Ward _____

2. FULL NAME

Georganna Brown
(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 6</u>		
7. AGE YEARS <u>Unknown</u>	MONTHS <u>?</u>	DAYS <u>?</u>
8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc. <u>Home keeper</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>234</u>		
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) <u>Wright City Mo</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>31</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT (ADDRESS) <u>Blanche A. Long</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forestall</u> DATE <u>12/11/32</u>		
19. UNDERTAKER (ADDRESS) <u>J. P. Boyer</u>		
20. FILED <u>12-11-32</u> <u>Jos. L. Thurman</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10 1932

22. I HEREBY CERTIFY, That I attended deceased from No Physician, to _____, 19____
I last saw her alive on never, 19____ Death is said to have occurred on the date stated above, at 7 A m.
The principal cause of death and related causes of importance were as follows:
Valvular heart disease
Date of onset _____

Other contributory causes of importance:
94 B

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.

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) Jos. L. Thurman, M. D.
(Address) Potosi, Mo

