

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

Do not use this space.

10437

1. PLACE OF DEATH

County Morgan
Township Hawyer
City (No.)

Registration District No. 919
Primary Registration District No. 5793a

File No.
Registered No. 150
St. Ward)

2. FULL NAME

(a) Residence, No. Stover mo. 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theodore Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30, 1902

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	30	10	1	

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. Housewife
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) Morgan co mo

13. NAME William Richison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Belle Cornett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan co mo

17. INFORMANT Theodore Brown
(ADDRESS) Stover mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stover cemetery DATE apr 7, 1933

19. UNDERTAKER Claud Ralph Son
(ADDRESS)

20. FILED April 10, 1933 Wm. Ripberger
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 31, 1933, to Mar 31, 1933

I last saw her alive on Mar. 31, 1933. Death is said to have occurred on the date stated above, at 4:00 p.m.

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

146 146 Eclampsia Date of onset Mar 31 1933

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Symptoms 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

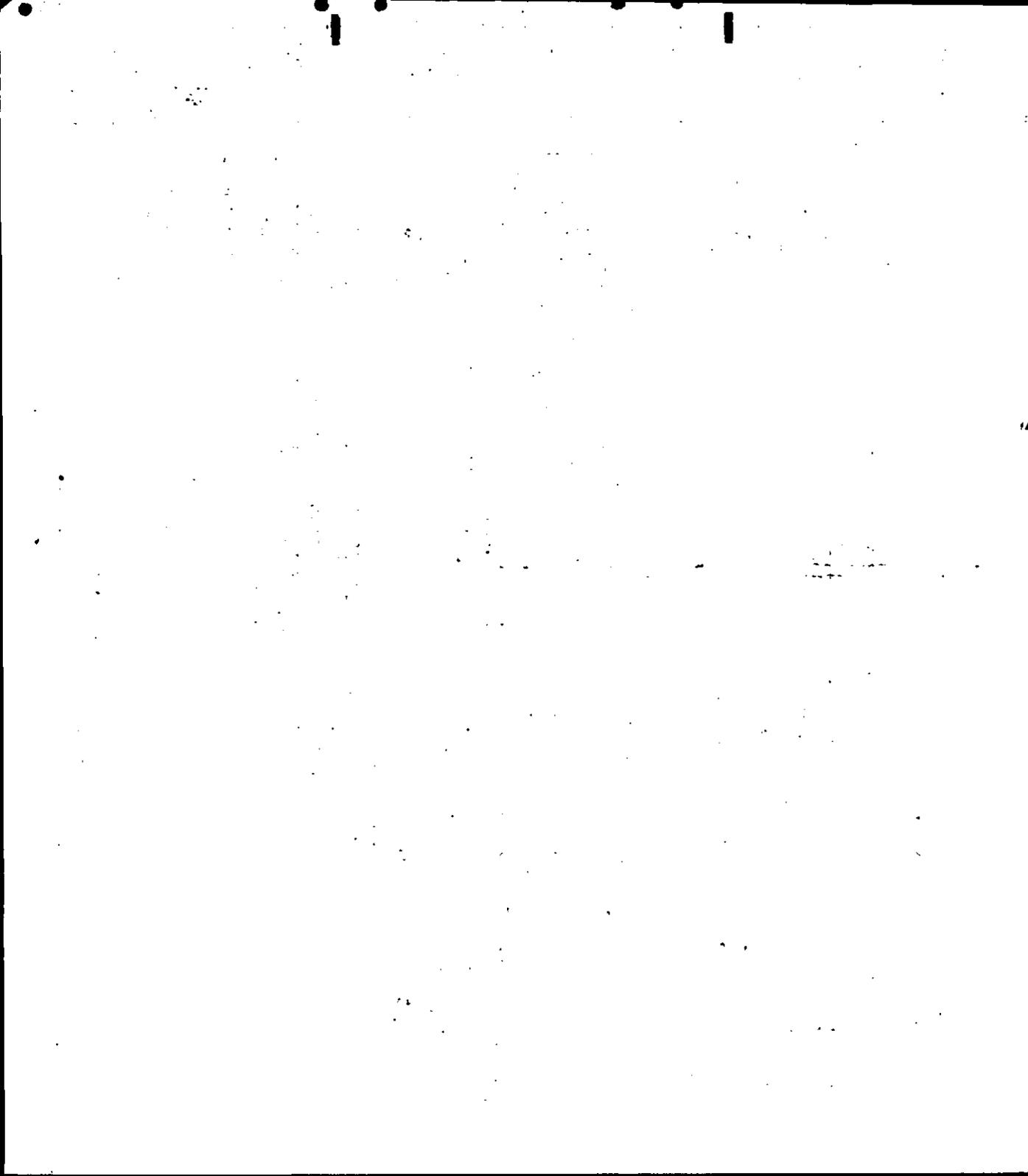
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) S. H. Newton, M. D.
(Address) Verdeilles mo.

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.

APR 24 1933



Dr. JAMES STEWART,
SPECIAL AGENT,
JEFFERSON CITY, MISSOURI.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

919
5793 a #2 10437

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: ella Brown
Who died at Hawcrick If. Morgan on Mar. 31 33
(City) (County) (Date)

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex ♀ Color or race W Single, married, widowed or divorced: W

Date of birth May 30 1902 Age: Years 30 Months 10 Days 1

Occupation: (a) Housewife (b) None
particular kind of work done, as was done, as silk mill, saw mill, spinner, Sawyer, bookkeeper, etc. bank, etc.

Date deceased last worked at this occupation: Month March 30, Year 1933

Birthplace (State or Country) Morgan Co Missouri

Birthplace of father (State or Country) Missouri

Birthplace of mother (State or Country) Morgan Co Mo.

Principal cause of death: Clampud

Other contributory causes of importance Puerperal (8 mo)

Name of operation no Date of _____

What test confirmed diagnosis? symptoms Was there an autopsy? no

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 19 _____

Where did injury occur? no

(Specify city or town county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

10437