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.

JAN 26 1934

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

Do not use this space.

1. PLACE OF DEATH
County New Madrid — Registration District No. 603 — File No. 23900 B
Township — Primary Registration District No. 4357 — Registered No. 17
City Morehouse (No. ..... St. ..... Ward)

2. FULL NAME Laura Lee 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 3 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: Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2, 1910

7. AGE: YEARS 22 — MONTHS 10 — DAYS 10 — 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. 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) Oxford Mississippi

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) M. L. Lyles Oxford Miss

MOTHER
15. MAIDEN NAME Hattie Price
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oxford Mississippi

17. INFORMANT (ADDRESS) Wesley Brown Morehouse Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dilleston Mo. Sunset Addition DATE 7/13 1933

19. UNDERTAKER (ADDRESS) Lair Und. Co. Charleston Mo. F. Lair Jr.

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw her alive on ....., 19.... Death is said to have occurred on the date stated above, at 8:30 A.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Pt. died Suddenly in husband's arms
~~Found Dead in Bed~~
I can find no marks on Body indicating foul play
Hope interrogated carefully the Husband and other two Couple living in the House at time of the Spinal [illegible] death was due to [illegible]

Other contributory causes of importance

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) H. Dunaway, M. D.
(Address) Morehouse, Mo