

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

MAR 24 1934

Do not use this space.  
 File No. 2101a  
 Registered No. 41  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Missouri Registration District No. 653  
 Township Braggoclovia Primary Registration District No. 5871  
 City 11 (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Lillie May Brown  
 (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 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Will Brown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-12-1911</u>		
7. AGE	YEARS <u>22</u>	MONTHS <u>8</u>
	DAYS <u>16</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>	
	10. Date deceased last worked at this occupation (month and year) <u>—</u>	11. Total time (years) spent in this occupation <u>—</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jonestown, W. Va.</u>		
FATHER	13. NAME <u>John Poor</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Va.</u>	
MOTHER	15. MAIDEN NAME <u>D. K.</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Va.</u>	
17. INFORMANT <u>Willie Brown</u> (ADDRESS) <u>Deering mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Deering mo</u> DATE <u>7-29</u> 19 <u>34</u>		
19. UNDERTAKER <u>German mort co</u> (ADDRESS) <u>Steele mo</u>		
20. FILED <u>3-8-1934</u> <u>J. J. Johnson</u> Registrar.		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-28 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 24th 1934 to Jan 28 1934  
 I last saw him alive on Jan 26 1934 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:

<u>Penicillium Malarii</u> <u>38</u> <u>1048</u>	Date of onset
<u>Septic Infection</u>	

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) James P. Vickery, M. D.  
 (Address) Steele, mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

