

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

Do not use this space.

APR 25 1934

1. PLACE OF DEATH
 County RANDOLPH. Registration District No. 785
 Township MOBERLY Primary Registration District No. 3034
 City MOBERLY (No. _____) St. _____ Ward _____

2. FULL NAME EFFIE BROWN
 (a) Residence, No. 710 S 4th St 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.

File No. 10088
 Registered No. 31

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE COLORED. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF FLETCHER BROWN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 2 - 1908

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>25</u>	<u>8</u>	<u>29</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

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) Mo.

13. NAME DAD. BUCKNER

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

15. MAIDEN NAME LIZZIE PETTIES

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT LOIS HARVEY
 (ADDRESS) MOBERLY

18. BURIAL, CREMATION, OR REMOVAL PLACE OAKLAND Cem MAR. 3 1934

19. UNDERTAKER STOW-LEAVERTON
 (ADDRESS) MOBERLY-MO

20. FILED 3/1 1934 Virginia Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, that I attended deceased from Feb. 20, 1934, to Feb. 26, 1934
 I last saw her alive on Feb. 26, 1934 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset _____
Asphyxia

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. R. Longdon, M. D.
 (Address) Moberly, Mo.

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.

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