

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

Do not use this space.

16441

1. PLACE OF DEATH

County Greene
Township Walnut Grove
City Pr (No. _____)

Registration District No. 925
Primary Registration District No. 5450

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

2. FULL NAME Olie Jade 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 yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Ida Sherman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June - 10 - 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
37 11 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Folk County
(STATE OR COUNTRY) Missouri

13. NAME Jade Brown

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

15. MAIDEN NAME Mary Henaley

16. BIRTHPLACE (CITY OR TOWN) Folk County
(STATE OR COUNTRY) Missouri

17. INFORMANT Ida Sherman Brown
(ADDRESS) Walnut Grove R 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Ridge DATE 5/25 1934

19. UNDERTAKER Brown Funeral Home
(ADDRESS) Walnut Grove Missouri

20. FILED 7-25 1934 J. E. McClelland
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-22, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him live on 5-23, 1934. Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

Epilepsy

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? history Was there an autopsy? NO

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? _____

If so, specify _____ (Signed) Oliver D. George, M.D.

(Address) Springfield

No. 12345 Attest

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.

