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

Do not use this space.

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No. 17153
Township — Primary Registration District No. 2002 — Registered No.
City Joplin (No. 407, Forest St. Ward)

2. FULL NAME Mary Brown
(a) Residence, No. 407 Forest St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 12th 1927
7. AGE: YEARS 6 — MONTHS 7 — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
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): Springer Okla

FATHER
13. NAME: Clarence Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Utah

MOTHER
15. MAIDEN NAME: Leta Rhoades
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Okla

17. INFORMANT (ADDRESS): Mr Jones 407 Forest
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Fairview DATE May 14 1934
19. UNDERTAKER (ADDRESS): Lanpher Mortuary
20. FILED 2-15-1934 Ed D Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 12, 1934
22. I HEREBY CERTIFY, That I attended deceased from May 10, 1934, to May 10th, 1934
I last saw her alive on May 10th, 1934. Death is said to have occurred on the date stated above, at 8:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Measles	Unk.

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? .....
If so, specify .....
(Signed) W. S. Loveland, M. D.
(Address) Joplin, 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.

JUN 22 1934