

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.

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

Do not use this space.

MAY 25 1934

17398

1. PLACE OF DEATH

County: Macon Registration District No. 533
Township: Eagle Primary Registration District No. 5714
City: Adairton, Mo. St. _____ Ward _____

2. FULL NAME

Irena J. 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 50 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED—HUSBAND OR (OR) WIFE OF W. B. Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 3, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 4 5

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. Retired

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) Macon Co. Mo.

13. NAME Robert Tiller

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

15. MAIDEN NAME Hulda Miles

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

17. INFORMANT (ADDRESS) Norman Bradley
Adairton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE May 10, 1934

19. UNDERTAKER (ADDRESS) Hunsberrys
Adairton Mo

20. FILED May 10 1934 Ford Cross Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 8 - 1934

22. I HEREBY CERTIFY, That I attended deceased from May - 4, 1934, to May - 5, 1934

I last saw her alive on May - 4, 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:

Congestive Heart Failure Date of onset ?

Other contributory causes of importance: Gen. Arterio-sclerosis

Name of operation NONE Date of _____

What test confirmed diagnosis? None 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 NONE

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) A. J. Casper, M. D.

(Address) Adairton Mo

