

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

Do not use this space.

1. PLACE OF DEATH

72 County New Madrid
Township Como
City _____ (No. _____) St. _____ Ward _____

Registration District No. 605
Primary Registration District No. 4359

File No. 17530
Registered No. _____

2. FULL NAME

unnamed (Baby 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>fen</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 23-1934</u>		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, <u>3</u> hrs. or <u>3</u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Infant</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Infant</u>	
11. Total time (years) spent in this occupation <u>✓</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Malden Mo</u>		
FATHER	13. NAME <u>Edgar Clarence Brown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wonduger Mo</u>	
MOTHER	15. MAIDEN NAME <u>Cathlene Hudson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Halla Rock Tenn</u>	
17. INFORMANT (ADDRESS) <u>Edgar C. Brown</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Malden Mo</u> DATE <u>5/23</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>Craig Undertaking Co</u> <u>Malden Mo</u>		
20. FILED <u>5/23/1934</u> <u>Geo Hunter</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/23/1934

22. I HEREBY CERTIFY, That I attended deceased from at Birth, 1934, to 5/25/34, 1934.
I last saw her alive on May 23, 1934. Death is said to have occurred on the date stated above, at 5:36 a.m.
The principal cause of death and related causes of importance were as follows:
Premature Birth.

Other contributory causes of importance:
159 / 59

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy 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) Raydon Carleton M.D.
(Address) Malden 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 25 1934

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