

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

Do not use this space.

Grundy

1. PLACE OF DEATH

County *Madison*
Township *Jennett*
City (No.) St. Ward)

Registration District No. *1072 V*
Primary Registration District No. *5716*

File No. *21121*
Registered No.

2. FULL NAME *Idora 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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OR (OR) WIFE OF *J. M. Brown*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 21 1869*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 6 13

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

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) *P. G. Perry*

13. NAME *John Little*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Buckley*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT (ADDRESS) *J. M. Brown*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Funing* DATE *6/6 1934*

19. UNDERTAKER (ADDRESS) *Albert Skurmes*

20. FILED 19 *1934* Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6/4 1934*

22. I HEREBY CERTIFY, That I attended deceased from *5/30 1934* to *6/4 1934*

I last saw him alive on *6/4 1934* Death is said to have occurred on the date stated above, at *6:30* m.

The principal cause of death and related causes of importance were as follows:

Disease of or lesion of spinal cord with paraplegia - cause undetermined

Other contributory causes of importance: *Cardiovascular disease*

Date of onset *About 5-1-34*
711
75
82.6

Name of operation *J/A* Date of operation

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

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

(Signed) *J. M. Brown* M. D.
(Address) *Madison Mo*

JUN 23 1934

RECORDS SECTION, MISSOURI STATE BOARD OF HEALTH, COLUMBIA, MISSOURI

S-21121