

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

Do not use this space.

24257

**1. PLACE OF DEATH**

43 County Wichita Registration District No. 359  
Township Wheatland Primary Registration District No. 5504  
City Wheatland (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME** Ferne Georgie Brown

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward Collins Ave  
(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 - 1904  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
30 1 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Butler Mo

13. NAME Luther Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roads Co. Mo

15. MAIDEN NAME Myrtle P. Small

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Mo

17. INFORMANT Elmer A. Brown (ADDRESS) Collins Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Thomas Cem DATE July 3, 1934

19. UNDERTAKER R. E. Cleatham (ADDRESS) Wheatland Mo

20. FILED 7/5 1934 G.W. Thornton Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4th, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 3rd, 1934, to July 4th, 1934  
I last saw her alive on July 4th, 1934 Death is said to have occurred on the date stated above, at 1:30 P.M.

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

Peritonitis following a criminal abortion  
Wichita  
Dr. Joe Johnson  
Dr. C. C. Glasgow  
Fred Vanderman  
Walter D. Clearhole  
Dr. E. W. G. G. G. G.

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury June 22, 1934  
Where did injury occur? Wichita Mo (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Criminal Abortion

Nature of injury \_\_\_\_\_

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

If so, specify \_\_\_\_\_

(Signed) Dr. J. H. Jay M.D.

(Address) Wheatland, 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. AUG 8 1934

