

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 14 1934

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

Do not use this space.

PLACE OF DEATH

County Schuyler
Township Liberty
City Lancaster Mo.

Registration District No. 8-65
Primary Registration District No. 4484
(4484)

File No. 30 27884
Registered No. _____
St. _____ Ward _____

2. FULL NAME Mrs. Judith 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 Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Chas. Brown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21, 1870
7. AGE YEARS 64 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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) Lancaster
(STATE OR COUNTRY) Mo.

13. NAME Wesley Farrell

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

15. MAIDEN NAME Elizabeth Jane Dawson

16. BIRTHPLACE (CITY OR TOWN) M.D.
(STATE OR COUNTRY)

17. INFORMANT Mr. W. E. Farrell
(ADDRESS) Lancaster, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE I. O. O. F. Cemetery DATE July 23, 1934

19. UNDERTAKER John A. Roberts
(ADDRESS) Lancaster, Mo.

20. FILED July 25 1934 Byrdie P. Drake
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Nov. 15, 1933, to July 21, 1934

I last saw her alive on July 21, 1934 Death is said to have occurred on the date stated above, at 3:24 p.m.

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

Carcinoma of liver and bile duct

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Other contributory causes of importance _____

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

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? no

If so, specify _____
(Signature) J. J. Anderson

(Address) Lancaster Mo

