

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.

OCT 18 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Knip Co.
 Township Edina Mo.
 City Edina Mo. (No. _____ St. _____ Ward _____)

Registration District No. 441
 Primary Registration District No. 4259

File No. 33242
 Registered No. 22

2. FULL NAME

(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>Female</u>	4. COLOR OR RACE <u>White</u>	5. ~~SINGLE~~ MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dr. George S. Brown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 17-1871</u>		
7. AGE <u>62</u>	YEARS <u>9</u>	MONTHS <u>20</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Housewife</u>
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) Pluma
(STATE OR COUNTRY) Mo.13. NAME David G. Brown14. BIRTHPLACE (CITY OR TOWN) Ky.
(STATE OR COUNTRY)15. MAIDEN NAME Ellen J. Baldwin16. BIRTHPLACE (CITY OR TOWN) Pluma
(STATE OR COUNTRY)17. INFORMANT Mrs. Effie Hauber
(ADDRESS) Edina Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Swiff Cem. Edina DATE Sept 9, 193419. UNDERTAKER Kriegshauser Bros
(ADDRESS) Edina Mo.20. FILED Sept 9, 1934 Mrs. C.M. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7, 193422. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1933 to Sept 7, 1934I last saw him alive on Sept 7, 1934 Death is said to have occurred on the date stated above, at 9:50 p.m.

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

Carcinoma of Cervix & UteriOther contributory causes of importance None

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? No

If so, specify _____

(Signed) Ch. E. Luman, M. D.(Address) Edina Mo.

