

MAR 20 1935

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

Do not use this space.

4512

1. PLACE OF DEATHCounty ButlerRegistration District No. 89

Township

Primary Registration District No. 3007City Poplar Bluff(No. Lexington Ave.)

File No.

Registered No. 18

St. _____ Ward _____

2. FULL NAME Josephine Brown(a) Residence, No. Lexington Ave.

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 (write the word)**widow**5A. IF MARRIED, WIDOWED, OR DIVORCED**HUSBAND OF
(OR) WIFE OFJames Harvey**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**May 5, 1868**7. AGE**

YEARS

66

MONTHS

9

DAYS

2

IF LESS than 1

day, _____ hrs.

or _____ min.

OCCUPATION**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.**housework (ret.)**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)**Washington County
Kentucky**FATHER****13. NAME**Bill Sallee**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**Kentucky**MOTHER****15. MAIDEN NAME**Anna Taylor**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**Kentucky**17. INFORMANT** Mrs. Frank Brown (daughter)
(ADDRESS) Lexington Ave. Poplar Bluff**18. BURIAL, CREMATION, OR REMOVAL**PLACE Marble HillDATE Feb. 10, 1935**19. UNDERTAKER** Greer Undertaking Co.
(ADDRESS) Poplar Bluff, Missouri**20. FILED**2/1219 35Ch. L. Stanger

Registrar.

MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Feb. 7, 1935**22. I HEREBY CERTIFY** That I attended deceased from Jan. 15 - 1935, to Feb 7, 1935I last saw her alive on Jan 8, 1935 Death is saidto have occurred on the date stated above, at 8:06 A.M.

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

Date of onset

Other contributory causes of importance:

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 _____, 1935

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) Wm. H. H. H.

, M. D.

(Address) Poplar Bluff, Mo.

