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.

MAY 27 1935

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

Do not use this space.

13210

1. PLACE OF DEATH

County Jasper — Registration District No. 408 — File No.

Township — Primary Registration District No. 3020 — Registered No.

City Carthage (No. , St. Ward)

2. FULL NAME Eliza Pearl Brown

(a) Residence, No. 521 E. Fourth St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Aaron Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 4, 1899

7. AGE: YEARS 36 — MONTHS 1 — DAYS 6 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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): Limestone Co. Alabama

FATHER

13. NAME: A. C. Bozarth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Indiana

MOTHER

15. MAIDEN NAME: Jane Leep
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Butler Co. Pennsylvania

17. INFORMANT (ADDRESS): Aaron Brown 521 E. 4th Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill Cem DATE Apr. 12, 1935

19. UNDERTAKER (ADDRESS): Knull Mortuary Carthage, Mo.

20. FILED Apr. 11, 1935 L. B. Clinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1935, to Apr 10, 1935

I last saw her alive on Apr 9, 1935. Death is said to have occurred on the date stated above, at 12 34 A m.

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

	Date of onset
Primary Carcinoma Left Breast	1931
50	

Other contributory causes of importance: General circinomatosis

Name of operation Breast Amputation Date of Sept 10/35

What test confirmed diagnosis? micro. 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

(Signed) Lloyd B Clinton, M. D.

(Address) Carthage Mo.