

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.

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

Do not use this space.

NOV 25 1935

33375

1. PLACE OF DEATH

County Miller Registration District No. 561 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 575-6 437 Registered No. 87  
City Aurora Springs of Eldon, Mo St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Aurora Springs General Delivery (If nonresident, give city or town and State)  
(Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

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>Sherman Hickman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 2, 1894</u>		
7. AGE	YEARS	MONTHS
<u>51</u>	<u>7</u>	<u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation <u>31</u>
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)		
12. BIRTHPLACE (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY) <u>Camden, CO</u>		
13. NAME <u>John H. Brown</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Geneva</u> (STATE OR COUNTRY)		
15. MAIDEN NAME <u>M<sup>rs</sup> Comb</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>not known</u> (STATE OR COUNTRY)		
17. INFORMANT <u>Mrs M. B. Oakes</u> (ADDRESS) <u>Aurora Springs Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dyers</u> DATE <u>10/26/35</u>		
19. UNDERTAKER <u>Dr. H. Ryan</u> (ADDRESS) <u>Eldon Missouri</u>		
20. FILED <u>10-25</u> 19 <u>35</u> <u>Kelle Haynes</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1935, to 10-24 1935  
I last saw her alive on 10-19 1935 Death is said to have occurred on the date stated above, at 11.9 m.  
The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis Date of onset Jan. 3. 2

Other contributory causes of importance:

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical 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 \_\_\_\_\_, 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) E. E. Shelton, M. D.  
(Address) Eldon mo

