

MAR 16 1936

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

Do not use this space.

4590

## 1. PLACE OF DEATH

County Buchanan, Registration District No. 83  
Township Crawford, Primary Registration District No. 5724  
City (No. 1 1/2 Miles N.W. Faucett, Mo.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

## 2. FULL NAME

Judith Lee Brown,

(a) Residence, No. 1 1/2 Miles N.W. Faucett, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## 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>Widowed,</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles Henry Brown,</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 24, 1865</u>		
7. AGE	YEARS	MONTHS
	<u>70</u>	<u>6</u>
		DAYS
		<u>25</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeping,</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At Home,</u>	
	10. Date deceased last worked at this occupation (month and year) <u>February 1936</u>	
	11. Total time (years) spent in this occupation <u>41</u>	

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 19, 1936  
22. I HEREBY CERTIFY, That I attended deceased from January 19th, 1936, to February 19th, 1936  
I last saw h. alive on February 19th, 1936 Death is said to have occurred on the date stated above, at 9:35 p. m.  
The principal cause of death and related causes of importance were as follows:

Lobar pneumoniaDate of onset  
2/12/36

Other contributory causes of importance:

Name of operation No Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) J. R. Peter, Jr., M. D.  
(Address) Wallace, Mo.

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Platte County, Missouri,</u>
	13. NAME <u>Ira E. Graves,</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, Tennessee,</u>
	15. MAIDEN NAME <u>Cynthia Ann Lovelady,</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Platte County, Missouri,</u>
	17. INFORMANT (ADDRESS) <u>Francis H. Brown, R.F.D. # 2, Faucett, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Halleck, Mo.</u> DATE <u>Feb. 21st 36</u>	
19. UNDERTAKER (ADDRESS) <u>Heaton-Bilsale &amp; Bouman, St. Joseph, Mo. Funeral Home</u>	
20. FILED <u>2/20</u> 19 <u>36</u> <u>M. H. Hull</u> Registrar.	

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.

