

APR 17 1936

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

Do not use this space.

10165

1. PLACE OF DEATH

County Green Registration District No. 318
Township _____ Primary Registration District No. 7001
City Springfield, Mo. (No. 1750) Grand Ave. St. _____ Ward _____

File No. _____
Registered No. 224

2. FULL NAME

Sarah Francis Brown
(a) Residence, No. 1750 Grand 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 <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>Levi Brown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct, 14 - 1865</u>		
7. AGE	YEARS	MONTHS
	<u>70</u>	<u>4</u>
		DAYS
		<u>29</u>
		If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</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)	11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March, 11 - 193622. I HEREBY CERTIFY, That I attended deceased from 2, 26, 36, 19, to 3, 11, 36, 19I last saw her alive on 3, 11, 36, 19. Death is saidto have occurred on the date stated above, at 5: P- m.

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

Pneumonia, Lobar

Date of onset

Feb.
26,
1936

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical 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. Music, M. D.(Address) 700 Med. Arts Bldg., Springfield, Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	13. NAME <u>Tom Brown</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	15. MAIDEN NAME <u>unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	17. INFORMANT (ADDRESS) _____
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>cem. Highlandville</u> DATE <u>March 13, 1936</u>
	19. UNDERTAKER <u>J. H. Maples</u> (ADDRESS) <u>Cleary, Mo.</u>
	20. FILED <u>3-11</u> , 19 <u>36</u> <u>Ralph W. Langston</u> Registrar

WRITE PEAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

