

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

Do not use this space.

27006

1. PLACE OF DEATH
 County Gasper Registration District No. 411
 Township Joplin Primary Registration District No. 2007
 City Joplin (No. St. Johns Was St. _____ Ward _____)

2. FULL NAME Dorrie Ruth Brown
 (a) Residence, No. 921 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26-34

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>12</u>	<u>5</u>	<u>6</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

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) Fort Collins Colo.

MOTHER FATHER

13. NAME No Record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Mrs. Alice Brown

18. BURIAL CREMATION, OR REMOVAL PLACE Laurel DATE 7/31/36

19. UNDERTAKER (ADDRESS) Wheeler Lumber Co. Joplin Mo.

20. FILED 7-3-36 Ed James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2 1936

22. I HEREBY CERTIFY, That I attended deceased from June 30 1936 to July 2 1936
 I last saw him alive on July 2 10:30 AM 1936 Death is said to have occurred on the date stated above, at 5:15 PM.
 The principal cause of death and related causes of importance were as follows:
Opitis Media
Meningitis - Pneumococcus

Date of onset 6-23-36

Other contributory causes of importance: 89

Name of operation _____ Date of _____
 What test confirmed diagnosis? Spinal fluid Was there an autopsy? N

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) Winfred Post M.D., FACS
 (Address) 407 Frisco Bldg Joplin, Mo.

WRITE PLAINLY, 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.

M. J. ...

AUG 2 1936

