

SEP 29 1936

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

Do not use this space.

30929

1. PLACE OF DEATH

County Jackson
Township Raw
City Kennett City (No. _____)

Registration District No. 299
Primary Registration District No. 1002

File No. _____
Registered No. 3728
St. _____ Ward) _____

2. FULL NAME Lucy D. Brown

(a) Residence, No. 2915 E. 38th St., _____ Ward.

(Usual place of abode) _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 51 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John H. Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23, 1959

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 5 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
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) Massesville, S.C.13. NAME J. H. Stone14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record15. MAIDEN NAME Alice Edwards16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record17. INFORMANT Mrs. Myrtle Brown
(ADDRESS) 2100 E. 42nd St.18. BURIAL, CREMATION, OR REMOVAL
PLACE Int. Memorial DATE Aug. 14, 193619. UNDERTAKER Guardian Funeral Home Co.
(ADDRESS) 5811 Forest Ave.20. FILED Aug 13, 1936 M. M. Grove
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-12-36, 19 _____22. I HEREBY CERTIFY, That I attended deceased from 8-12-36, 19 _____, to 8-12-36, 19 _____I last saw her alive on 8-12-36, 19 _____ Death is saidto have occurred on the date stated above, at 9:15 a.m.

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

Carcinoma Cervix -Pentartics - 48

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis Autopsy Was there an autopsy? _____

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) Russell W. Ken, M. D.(Address) _____

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.

