OCT 3 1936

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

Do not use this space.

33327

File No.
Registered No.

1. PLACE OF DEATH
County: Schuyler
Township: Fabius
City (No. St. Ward)
Registration District No.: 802
Primary Registration District No.: 6046

2. FULL NAME: Hazel Frances Brown

(a) Residence. No. 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Carl Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 11 1917

7. AGE: Years 18 | Months 10 | Days 7 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Locust Hill, Mo

PARENTS
10. NAME OF FATHER: Lemuel Simpson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Novelty, Mo.
12. MAIDEN NAME OF MOTHER: Kattie Waite
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Plevna, Mo.

14. INFORMANT: Mrs. Jno. Maize
(Address): Lancaster, Mo.

15. FILED: ~~8-27~~ 1936 9-10-36 J. B. Brafes REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 18 1936

17. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1936, to Aug 18, 1936 that I last saw her alive on Aug 18, 1936 and that death occurred, on the date stated above, at 10:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Myocarditis (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Dr. R. E. Vaughn M.D.O
, 19 (Address) Lancaster, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: I.O.O.F. Cemetery
DATE OF BURIAL: Aug 20 1936

20. UNDERTAKER: John A. Roberts
ADDRESS: Lancaster Mo.

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.