AUG 19 1936

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

Do not use this space.

48596

1. PLACE OF DEATH
County DeKalb  Registration District No. 26311  File No. 12
Township Dallas  Primary Registration District No. 53055  Registered No. 8
City Lewis Fork (No. ..... St. ..... Ward)

2. FULL NAME Stella May 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Female | W | Single |

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

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

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | X | | | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
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) Santa Rosa Mo

FATHER
13. NAME Floyd Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarinda Ia

MOTHER
15. MAIDEN NAME Jewell Collins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarinda Ia

17. INFORMANT Floyd Brown (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maceday DATE 7/27 1936

19. UNDERTAKER Rand (ADDRESS)

20. FILED Aug. 10 1936 James Fitzgerald Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July Monday 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1936, to ....., 19.....
Last saw h X alive on X, 19..... Death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature Child born | |
| Injury to mother | |

Other contributory causes of importance:
Injury to mother

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 Fell out of truck
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Frank Hedges, M. D.
(Address) Tarkio 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.