

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

Do not use this space.

FEB 25 1937

207

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph (No. St. Joseph's Hospital) St. _____ Ward _____

File No. _____
 Registered No. 6

2. FULL NAME Hettie Brown
 (a) Residence, No. 327 Virginia St. St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Married
5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF (OR) WIFE OF Guy Brown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 19, 1891
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 11 14

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Davis County Missouri

FATHER
13. NAME William Hines
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davis County Missouri

MOTHER
15. MAIDEN NAME Rachel Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davis County Missouri

17. INFORMANT (ADDRESS) Guy Brown 327 Virginia St.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Ashland Cem. DATE Jan. 4, 1937

19. UNDERTAKER (ADDRESS) Clark Mortuary 5025 King Hill Ave

20. FILED Jan 4 1937 H. J. Nestlebury Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 30, 1936, to January 3, 1937
 I last saw her alive on Jan 3, 1937. Death is said to have occurred on the date stated above, at 12:30 A. m.
 The principal cause of death and related causes of importance were as follows:
Food poisoning from Salmonella

Date of onset Dec. 30. 36

Other contributory causes of importance: none

Name of operation none Date of _____
 What test confirmed diagnosis? Chemical Was there an autopsy? Yes

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? Yes
 If so, specify _____
 (Signed) Hilma A. Robertson M. D.
 (Address) 4210 E. King Hill Ave St Joseph 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.

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