

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.

S. P. Martin  
FEB 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Mississippi  
Township St. James  
City (No. ....) St. .... Ward

Registration District No. 037  
Primary Registration District No. 0763

File No. 2283  
Registered No. 4

2. FULL NAME Hazel Brown

(a) Residence, No. .... St. .... Ward. .... (If nonresident, give city or town and State)  
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 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. 19 - 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or no. min.

OCCUPATION  
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.  
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) East Prairie, Mo.

FATHER  
13. NAME William Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER  
15. MAIDEN NAME Hazel Hunt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Prairie, Mo.

17. INFORMANT (ADDRESS) James T. Hunt East Prairie, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Doywood DATE Jan. 20 1937

19. UNDERTAKER (ADDRESS) Irvin N. Shelby East Prairie, Mo.

20. FILED Jan. 19 - 1937 J. P. M. Hobbs Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19 1937 to Jan. 19 1937

I last saw him alive on Jan. 19 1937 Death is said

to have occurred on the date stated above, at 3:30 p. m.

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

Steel Bolt  
Very short cord around neck & strangulated body  
Other contributory causes of importance:  
CS

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 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. P. Martin M. D.

(Address) East Prairie, Mo.

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