

MAR 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County MACONRegistration District No. 535File No. 7177Township NARROWSPrimary Registration District No. 5720Registered No. 110City EXCELLO (No. _____, _____ St. _____ Ward)2. FULL NAME SHIRLEY - ANN - BROWN(a) Residence, No. Excelllo 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 9 - 1936</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ 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)	<u>Macon County</u>	
FATHER	13. NAME	<u>John Brown</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Macon County</u>
MOTHER	15. MAIDEN NAME	<u>Martha Kline</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Clarence Mo Shelby</u>
17. INFORMANT (ADDRESS)	<u>Mr John Brown</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>St. John's Church, Excelllo, Mo.</u>	
19. UNDERTAKER (ADDRESS)	<u>Stephens & Gooding</u>	
20. FILED	<u>March 8, 1937</u>	<u>Zela King</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>January 18, 1937</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>January 14, 1937, to Jan 18, 1937</u>	
I last saw her alive on <u>Jan 18, 1937</u> . Death is said to have occurred on the date stated above, at <u>8:15 a.m.</u>	
The principal cause of death and related causes of importance were as follows: <u>Lobar Pneumonia -</u>	Date of onset
Other contributory causes of importance: <u>108</u>	
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) <u>Donald E. Chubb</u> , M. D.	
(Address) <u>Jacksonville Mo.</u>	

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.

