

MAY 19 1937

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

Do not use this space.

11: P.M.  
File No. 16221  
Registered No. 130  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 1. PLACE OF DEATH

3-1 County Douglas  
Township Benton  
City Ava, Mo. - R. 4 (No. \_\_\_\_\_)

Registration District No. 272  
Primary Registration District No. 5379

## 2. FULL NAME Sarah A. Brown

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 53 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 (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John H. Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
71 7 26

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) Dallas Co. Mo.

13. NAME H. B. Day

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

15. MAIDEN NAME King

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Roy C Brown  
(ADDRESS) Ava, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kitter DATE 3-19 1937

19. UNDERTAKER C. V. Clunkinghead  
(ADDRESS) Ava Mo.

20. FILED 5-10 1937 Henry Burke Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-18 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 17 1937 to Mar 18 1937

I last saw her alive on Mar 17 1937 Death is said

to have occurred on the date stated above, at 11 P.M.

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

catarrh of pneumonia Date of onset 3-16-37

Other contributory causes of importance:

Influenza Date 3-1-37

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Chest X-ray 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) R. M. Norman, M. D.

(Address) Ava Mo

