

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

Do not use this space.

**JUN 16 1937**

19315

**1. PLACE OF DEATH**

County Audrain  
Township Salt River  
City Mexico (No. 5)

Registration District No. 26  
Primary Registration District No. 3002

File No. \_\_\_\_\_  
Registered No. 68 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Ida May Brown**

(a) Residence, No. 317 E. LOVE 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1937 to May 25, 1937

I last saw her alive on May 25, 1937. Death is said to have occurred on the date stated above, at 4: P.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11, 1865

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>76</u>	<u>71</u>	<u>8</u>	<u>14</u>	

Paralysis Agitans. Date of onset \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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 \_\_\_\_\_

Other contributory causes of importance: Arteriosclerosis

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? no

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus Ohio

13. NAME Thomas Long

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

15. MAIDEN NAME Emma Baker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus Ohio

17. INFORMANT Mrs. Ralph Dobyns (ADDRESS) Mexico, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood, Mexico, Mo DATE 5/27/37, 1937

19. UNDERTAKER Chas. Arnold Jr. (ADDRESS) Mexico, Missouri

20. FILED May 26, 1937 B. Laucha Neely Registrar

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 1937

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? no

If so, specify \_\_\_\_\_ (Signed) Paul E. Coif, M. D.

(Address) Mexico Missouri

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

