

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

Do not use this space.

1. PLACE OF DEATH

JUN 17 1937

County Buchanan
Township Washington
City St. Joseph

Registration District No.
Primary Registration District No.
(No. Mo. M. E. Hospital)

File No. 10529
Registered No. 621
St. Ward

2. FULL NAME

Ruby Rose Brown

(a) Residence, No. 1703 Hannibal ave. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF SINGLE-INFANT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0 0 0 hrs. 0 min.

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) St. Joseph Mo.

13. NAME Roy H. Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Ky.

15. MAIDEN NAME Dora Anabelle Burkhardt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canal Co. Mo.

17. INFORMANT Mrs. C. Smith - sister of mother
(ADDRESS) 1020 N. 9th St.

18. BURIAL, CREMATION, OR REMOVAL Hospital
PLACE Cremated at the hills DATE 5-20 1937

19. UNDERTAKER Mo. Meth. Hospital
(ADDRESS) St. Joseph, Mo.

20. FILED 5/25 37 St. Joseph
Registrar

MEDICAL CERTIFICATE OF DEATH

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

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

I last saw him alive on never, 10 min. Death is said to have occurred on the date stated above, at Before Labor

The principal cause of death and related causes of importance were as follows:
Small-pox - in uterus at about 5 months gestation

Date of onset

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Pathy 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? No
If so, specify

(Signed) E. E. Wadlow, M. D.
(Address) 620 Francis St., St. Joseph

By sub: 2711 - 7221 - 1111

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.

