

JUL 31 1937

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

Do not use this space.

24597

1. PLACE OF DEATH
 County Polk Registration District No. 684
 Township Clinton Primary Registration District No. 24408
 City Bowling Green (No. 2) St. _____ Ward) _____

2. FULL NAME Iva Brown

(a) Residence, No. _____ St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 10 yrs. 3 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-13-1887

7. AGE YEARS <u>49</u>	MONTHS <u>8</u>	DAYS <u>20</u>	IF LESS than 1 day, _____ hrs. or _____ min.
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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) Memphis Mo.

13. NAME J. S. Walker

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

15. MAIDEN NAME Maggie Todd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Ill

17. INFORMANT Elva Baranick
 (ADDRESS) Bowling Green Mo

18. BURIAL, CREMATION, OR REMOVAL Memphis Cemetery DATE 6-9-1937

19. UNDERTAKER Grace Thompson
 (ADDRESS) Springfield Mo

20. FILED 6-10-1937 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/3, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 1937, to June 3, 1937
 I last saw him alive on June 3, 1937 Death is said to have occurred on the date stated above, at 1 P. m.
 The principal cause of death and related causes of importance were as follows:
Decomposition of Etn Date of onset 3/1/37

Other contributory causes of importance: No
Arteriosclerosis 10 yrs

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) J. S. Walker M. D.
 (Address) Bowling Green Mo

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

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