

NOV 17 1937

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

Do not use this space.

37760

1. PLACE OF DEATH

County Hannan
Township Engel Creek
City (No.)

Registration District No. 338
Primary Registration District No. 5474

File No.
Registered No. St. Ward

2. FULL NAME Bessie D. 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 yrs. mos. 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF never married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 20 - 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 10 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) about 5 years 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. of Mo.

13. NAME William C. Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. of Mo.

15. MAIDEN NAME Eva R. Hewitt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. of Mo.

17. INFORMANT William C. Brown (ADDRESS) Wilson City Mo. R.F.D. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Chapel DATE Oct 24 - 1937

19. UNDERTAKER W. D. Hayes (ADDRESS) Wilson City Mo.

20. FILED Nov 9 1937 J. C. Walker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 23 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug - 26 1937, to Oct 23 1937
I last saw him alive on Oct 23 1937 Death is said to have occurred on the date stated above, at 820 AM
The principal cause of death and related causes of importance were as follows:

Tuberculosis Lungs Date of onset

Other contributory causes of importance:

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. C. Walker D.O. (Address) Wilson City Mo.

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.

