

JAN 20 1938

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

Do not use this space.

46026

File No. \_\_\_\_\_  
Registered No. 374  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County Marion Registration District No. 547  
Township Mason Primary Registration District No. 3079  
City Hannibal (No. 418 N. 9th)

2. FULL NAME

Susie Brown

(a) Residence, No. 418 N. 9th St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 2nd. 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
47      --      21

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) Hannibal Missouri

13. NAME Walter Webb

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

15. MAIDEN NAME Mary Ellen Longmire

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Missouri

17. INFORMANT Mr. Frank Brown  
(ADDRESS) 418 N. 9th Hannibal MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Capital Cem. DATE Dec. 26 1937

19. UNDERTAKER James O. Howell  
(ADDRESS) Hannibal Mo.

20. FILED rec. 27 1937 C. C. Fisher  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23rd. 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1937, to Dec 23rd, 1937

I last saw her alive on 12/23/37, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 8:30 p.m.

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

Lobar Pneumonia

Other contributory causes of importance: Influenza

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 of infectious and/or related to occupation of deceased? \_\_\_\_\_

If so, specify A. P. M. M. M.

(Signed) \_\_\_\_\_ M. D.

(Address) Hannibal 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.

WRITE PLAINLY, WITH UNFADING INK

