

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

Do not use this space.

2602

File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH
32 County DeKalb 32 Registration District No. 240
Township Grandview Primary Registration District No. 5363
City _____ (No. _____) St. _____ Ward _____
2. FULL NAME Phoebe M Brown 650
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>S. F. Brown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 18 1847</u>		
7. AGE YEARS <u>90</u>	MONTHS <u>6</u>	DAYS <u>7</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Unknown</u> (STATE OR COUNTRY) <u>Ohio</u>		
FATHER	13. NAME <u>Stephen A. Viatt</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Jessie A. Babcock</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT (ADDRESS) <u>R. S. Brown</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Cremated</u> PLACE <u>Cameron Mo.</u> DATE <u>11-27-1937</u>		
19. UNDERTAKER (ADDRESS) <u>Ed. Moore</u>		
20. FILED <u>Nov. 26, 1937</u> <u>Mildred Mc Mahill</u> Registrar.		

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

22. I HEREBY CERTIFY That I attended deceased from Nov 1 1937 to Nov 25 1937
I last saw her alive on Nov 2 1937. Death is said to have occurred on the date stated above, at 5:45 P. M.
The principal cause of death and related causes of importance were as follows:
Cerebral Sclerosis
Date of onset _____

Other contributory causes of importance: _____

Name of physician _____ Date of _____
What was 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? FEB 23 1938 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

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Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) M. D. Peterson M. D.
(Address) Cameron 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.

