

REC'D JUL 11 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Cape Girardeau  
Township Wells  
City Deerleville (No. \_\_\_\_\_)

Registration District No. 130  
Primary Registration District No. 3-175

File No. 21528

Registered No. \_\_\_\_\_ St. \_\_\_\_\_ Ward) \_\_\_\_\_

## 2. FULL NAME

Still born Brown650

(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 <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 16 - '38</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	0
	10. Date deceased last worked at this occupation (month and year)	0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delta mo13. NAME Jesse Lee Brown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Millersville mo15. MAIDEN NAME Florence Bain16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poplar Bluff mo17. INFORMANT (ADDRESS) Jesse Lee Brown

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19\_\_\_\_

19. UNDERTAKER (ADDRESS) Casket from Morgan & Florence, MoFILED June 16, 1938 Mo Wm Stecker Registrar. 873

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1938 to June 16, 1938  
I last saw him alive on June 16, 1938 Death is said to have occurred on the date stated above at 7:50 a. m.  
The principal cause of death and related causes of importance were as follows:

Still born

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) W. W. Devaul, M. D.(Address) Allenville mo

