

REC'D MAR 15 1939

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

Do not use this space.

8012

1. PLACE OF DEATH

County Stoddard Registration District No. 838
 Township Liberty Primary Registration District No. 6098 B
 City Depler R 3 (No. _____) St. _____ Ward _____

2. FULL NAME

557 Helen Faye 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 Female 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31, 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
4 — 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) Mo

13. NAME Lee Brown

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

15. MAIDEN NAME Alma Wullen

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

17. INFORMANT Father
(ADDRESS) Depler 93

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bethany DATE 2-11-39, 1939

19. UNDERTAKER Landry Funeral
(ADDRESS) Crambell, Mo

20. FILED 3/5 1939 Jessie Ruston
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1939, to Feb 8, 1939

I last saw him alive on Feb 7, 1939. Death is said to have occurred on the date stated above, at 4: A. m.

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

Bronchial Pneumonia

Date of onset 2-1-39

Other contributory causes of importance:

Acute Bronchial Cold

Name of operation none Date of _____
 What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1939

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? No
 If so, specify _____

(Signed) S. S. Spear, M. D.

(Address) Depler, Mo

