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.

REC'D APR 18 1939

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

Do not use this space.

12110

1. PLACE OF DEATH 93 County St. Clair 2 Registration District No. 1005 File No.
Township Royal 1 Primary Registration District No. 6009 Registered No.
City (No. , St. Ward)

2. FULL NAME 660 Marie Brown
(a) Residence, No. Osceola, Mo. Rr 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 W
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) 3-19-39

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 1 hrs. or 30 min.

OCCUPATION
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) Osceola, Mo. Rr.

FATHER
13. NAME Hugh David Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arborvita, Wisc.

MOTHER
15. MAIDEN NAME Doshia Lane 0
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osceola, Mo. 1

17. INFORMANT (ADDRESS) Hugh Brown 0

18. BURIAL, CREMATION, OR REMOVAL
PLACE Osceola Cem DATE 3-20 1939

19. UNDERTAKER (ADDRESS) O S Hull Jr. Osceola Mo.

20. FILED April 3 1939 Mattie J Davis Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-19 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-19- 1939, to 3-19 1939
I last saw her alive on 3-19 1939. Death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:

Hydro-Cephalus. Date of onset

157 W

Other contributory causes of importance:
Complete cleft palate.

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) Hobart Wray D.O. ~~M. D.~~
(Address) Osceola, Mo.

RECEIVED
District Health Officer No. 7,
District File Number 7-39-59
Date Filed 4-15-39