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 JUN 19 1939

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

Do not use this space.

18207

File No.
Registered No. 131

1. PLACE OF DEATH
County Callaway
Township Fulton
City Fulton (No. , St. Ward)
Registration District No. 104
Primary Registration District No. 3008

2. FULL NAME Effie Brown
(a) Residence, No. Fulton, Mo 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. 1 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Addie L. Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 18, 1889

7. AGE: Years 50 | Months 1 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION
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: 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bluff, Mo. 0

FATHER
13. NAME: Martin F. Bilyeu 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Christian Co Mo

MOTHER
15. MAIDEN NAME: Ella Hilton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Christian Co. Mo.

17. INFORMANT (ADDRESS): Records of Cancer Hosp. #1 Fulton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ozark, Mo. DATE May 22, 1939

19. UNDERTAKER (ADDRESS): Leon L. Wallace Fulton, Mo.

20. FILED 5-20, 1939 R. N. Crews. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1939, to May 20, 1939
I last saw h. alive on May 20, 1939. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Essential Hypertension with Cardiac Decompensation	D.K.
H8	

Other contributory causes of importance:
Carcinoma of Cervix uteri

Name of operation Date of
What test confirmed diagnosis? 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, 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? no
If so, specify
(Signed) T. S. Lapp, M. D.
(Address) Fulton, Mo

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