

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

FILED APR 23 1940

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

Do not use this space.

11355

1. PLACE OF DEATH  
 County Gascon Registration District No. 411  
 Township Palma Primary Registration District No. 2002  
 City Joplin (No. 0 1121 W 9th) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Isabelle Brown  
 (a) Residence No. 1121 W 9th St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX H. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED, (OR) WIFE OF L. S. Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 20, 1859

7. AGE YEARS 80 MONTHS 2 DAYS 14 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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mc Donald Co, Mo

FATHER  
 13. NAME John Love  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER  
 15. MAIDEN NAME Mary Rosbury  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT John Brown  
 (ADDRESS) 1121 W 9th Joplin MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Bur. Union DATE Feb. 6, 1940

19. UNDERTAKER Burns Funeral (ADDRESS) Rogers St. 379

20. FILED 3-41 1940 Ed D James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1940, to March 3, 1940  
 I last saw her alive on Feb. 27, 1940. Death is said to have occurred on the date stated above, at 10:30 PM  
 The principal cause of death and related causes of importance were as follows:  
Senility - Sobar pneumonia Date of onset \_\_\_\_\_

Other contributory causes of importance: 108

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) V. E. Keener, M. D.  
 (Address) 311 Summers Bank

RECEIVED

District Health Officer No. 6,

District File Number 440-1022

Date Filed APR 10 1940