

JAN 23 1929

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

Do not use this space.

40345

1. PLACE OF DEATH

County Henry Mo
Towship Clinton
City Clinton (No.)

Registration District No. 347
Primary Registration District No. 3018

File No.
Registered No. 147 (Ward)

2. FULL NAME

Ermine Brown
(a) Residence, No. Clinton Mo St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 20 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 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. 3 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 73 11 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Teacher
(b) General nature of industry, business, or establishment in which employed (or employer) Teacher
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Near Clinton Mo (STATE OR COUNTRY)

10. NAME OF FATHER B L Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Stirlington Mo (STATE OR COUNTRY) Lafayette Co Mo

12. MAIDEN NAME OF MOTHER Frances J. Gorman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cumtland Ky (STATE OR COUNTRY) County Kentucky

14. INFORMANT W E Brown (Address) Clinton, Mo

FILED Dec 20, 1928. Dr. E. C. Peeler REGISTRAR
per JH

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 8th 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 7th, 1928, to Dec 8th, 1928 that I last saw h. alive on Friday Dec 7th, 1928, and that death occurred, on the date stated above, at 5 o'clock A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

94A Chorea Pectoris
106A (duration) short yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Bronchitis (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) Walter D. Lawrence, M. D.
, 19 (Address) Clinton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clinton Mo DATE OF BURIAL Dec 10th 1928

20. UNDERTAKER Joe Spore + Son ADDRESS Clinton Mo

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.

