

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

Do not use this space.

10403

24-150  
1. PLACE OF DEATH  
County Henry  
Township  
City Clinton, Mo. (Name)

Registration District No. 347  
Primary Registration District No. 3018

File No. \_\_\_\_\_  
Registered No. 51 Ward \_\_\_\_\_

2. FULL NAME Viola Genevieve Brown  
(a) Residence No. 614 E. Ohio 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 27, 1929

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

17. I HEREBY CERTIFY, That I attended deceased from 3/26, 1929, to 3/27, 1929 that I last saw her alive on 3/26, 1929 and that death occurred, on the date stated above, at 3 A m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 22, 1926

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hr. or \_\_\_\_\_ min.  
2 4 5

Dysentery and Enteritis

8. OCCUPATION OF DECEASED

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

170B  
114B yrs. mos. da. 2  
CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. da.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

10. NAME OF FATHER Emmett Brown

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Missouri

WHAT TEST CONFIRMED DIAGNOSIS. Clinical

(Signed) Ed C. Peeler, M. D.

12. MAIDEN NAME OF MOTHER Fay Stephens  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Clair Co. Missouri

, 19 (Address) Clinton, Mo.

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

14. INFORMANT Mrs. Emmett Brown  
(Address) Clinton, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Englewood Cemetery DATE OF BURIAL Mar 28 1929

15. FILED Mar. 27, 29 Dr. E. C. Peeler REGISTRAR  
Ken J.

20. UNDERTAKER Sims-Wilkinson & Co. ADDRESS Clinton, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

