

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.

FEB 20 1936

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

Do not use this space.

2221

1. PLACE OF DEATH

County Monroe  
Township Marion  
City Madison (No. \_\_\_\_\_)

Registration District No. 579  
Primary Registration District No. 5776

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Frances Brown  
(a) Residence, No. \_\_\_\_\_ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF Peter Brown  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/16/1867

7. AGE YEARS 67 MONTHS 9 DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Mo

13. NAME Perry Mason

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Catherine Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Daisy Brown  
Madison, Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Madison DATE 4/19 1936

19. UNDERTAKER (ADDRESS) Walter W. Egan  
Madison, Mo

20. FILED 118 1936 Walter W. Egan  
Madison, Mo Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16 1936, to Jan. 16 1936.  
I last saw her alive on Jan 16 1936. Death is said to have occurred on the date stated above, at 12:11 a.m.

The principal cause of death and related causes of importance were as follows:  
Broncho-Pneumonia Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Arterio-Sclerosis

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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 none  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) Paul C Davis, M. D.  
(Address) Madison, Mo

