

OCT 21 1936

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

Do not use this space.

34272

## 1. PLACE OF DEATH

County Henry  
Township Clear Creek  
City Clinton Mo.

Registration District No. 349Primary Registration District No. 5499File No. 23

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_ 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Yes</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 16-36</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
			<u>20</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Yes</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Yes</u>			
	10. Date deceased last worked at this occupation (month and year) <u>Yes</u>			
				11. Total time (years) spent in this occupation <u>Yes</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton Mo.</u>				
FATHER	13. NAME <u>David Cecil Brown</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Henry Co. Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Etha L. Krige</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Henry Co. Mo.</u>			
17. INFORMANT (ADDRESS) <u>David Cecil Brown</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Engle Wood</u> DATE <u>Sept 6</u> 19 <u>36</u>				
19. UNDERTAKER (ADDRESS) <u>Spore &amp; Son</u>				
20. FILED <u>Sept 8 1936</u> <u>Miss A. A. Gray</u> Registrar				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 16, 1936, to Sept 5, 1936.  
I last saw her alive on Sept 5, 1936. Death is said to have occurred on the date stated above, at 4 p. m.  
The principal cause of death and related causes of importance were as follows:  
Erysipelas  
5 15  
Date of onset Aug 28 36

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ 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 \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Dr. Lloyd J. Carroll M. D.  
(Address) Clinton Mo.

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.

U. B. Kelly