

FEB 7 1937

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

Do not use this space.

1063

## 1. PLACE OF DEATH

42 County HenryRegistration District No. 347Township ClintonPrimary Registration District No. 3018City Clinton Mo.

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

2. FULL NAME Mary Doyle Brown(a) Residence, No. 106 C Clinton 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 F4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laverne Brown6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17 1888

7. AGE

YEARS 51MONTHS 8DAYS -8

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumbermill

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) Brownington Mo

MOTHER FATHER

13. NAME John R Doyle14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenn15. MAIDEN NAME Matilda Elliott16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Mo17. INFORMANT Laverne Brown(ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Englewood DATE 1/27 3719. UNDERTAKER Consensus Rest(ADDRESS) Clinton Mo20. FILED 1-30 1937 J. R. Hampton Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25, 193722. I HEREBY CERTIFY, That I attended deceased from 1-13, 1937, to 1-25, 1937I last saw her alive on 1-25, 1937 Death inhome occurred on the date stated above, at 1149 ft.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Lt. Lower Lobe

Date of onset

1/16/37Influenza1/13/37

Other contributory causes of importance:

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 \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) E. C. Peeler(Address) Clinton Mo

M. D.

Peeler

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.

