OCT 26 1928

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

Do not use this space.

21063-1

1. PLACE OF DEATH
County: Johnson
Township: Pohickemon
City: (No. ..... St. ..... Ward)

Registration District No. 426
Primary Registration District No. 5001

File No.
Registered No.

2. FULL NAME Mildred Brown

(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 7 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

N. B. PHYSICIANS should state CAUSE OCCUPATION is very important.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: Col.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): S—

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: child

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 2 - 1915

7. AGE: Years 13 | Months 5 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: ✓
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Henry Co.
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Arthur Brown
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Bomeville
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Flonne Hill
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Henry Co.
(STATE OR COUNTRY): Mo.

14. INFORMANT: Flonne Brown
(Address): Centerview Mo. Rt. 38.

15. FILED: July 10 1928 J. W. Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 10 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr 17, 1928, to May 10, 1928 that I last saw h. alive on May 10, 1928 and that death occurred, on the date stated above, at 12 30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis Ca.
VSH
10 yr. (duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Pneumonia
(duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) Chas Rozier, M. D
, 19 (Address) Centerview 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: Tipton - Cemetery
DATE OF BURIAL: 6-12 1928

20. UNDERTAKER: R. A. Phillips.
ADDRESS: Warrensburg

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOTE.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. MEDICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRAR CANNOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE, AS PRESCRIBED BY LAW

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County: Johnson Registration District No.: 4 26 File No.:

Township: Chilhowee Primary Registration District No.: 3-3-81 Registered No.:

City: (No. , St. Ward)

2. FULL NAME: Mildred Brown

(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: F

4. COLOR OR RACE: Col

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): S

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT
(Address)

15. FILED July 10 1928 W L Martin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 10 1928

17. I HEREBY CERTIFY, That I attended deceased from 19, to 19, that I last saw h alive on 19, and that death occurred, on the date stated above at m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Tuberculosis of Lungs
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Pneumonia
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) , M. D.
, 19 (Address)

*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 | DATE OF BURIAL 19

20. UNDERTAKER: R. J. Phillips | ADDRESS: Warrensburg

SUPPLEMENTARY