

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

Do not use this space.
9166-A
~~4887~~
 File No. _____
 Registered No. **13**

1. PLACE OF DEATH:
 County Christian Registration District No. 184
 Township Trinity Primary Registration District No. 4110
 City Osborne (No. _____) St. _____ Ward _____

2. FULL NAME Francis Jane 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 Female
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 5 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
5-

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 10 1931

17. I HEREBY CERTIFY, That I attended deceased from March 5, 1931, to March 10, 1931 that I last saw h. _____ alive on _____ 19____ and that death occurred, on the date stated above, at 8 o'clock p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage.
1600
1600B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) _____ (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) J. O. Young, M. D.
 , 19____ (Address) Osborne 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.

9. BIRTHPLACE (CITY OR TOWN) Osark Mo, 1
 (STATE OR COUNTRY)

10. NAME OF FATHER Howard Brown

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

12. MAIDEN NAME OF MOTHER Solomon

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

14. INFORMANT Howard Brown
 (Address) Osark Mo.

15. FILED May 1 1931 Loretta Leonard
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Osark Cemetery DATE OF BURIAL March 11 1931

20. UNDERTAKER P. B. Chaffin ADDRESS Osark Mo.

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.

MAY 30 1931

