

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

Do not use this space.

37180

1. PLACE OF DEATH

County Marion Registration District No. 547
 Township Marion Primary Registration District No. 3079
 City Hannibal (No. 2110 Settle) St. _____ Ward _____

2. FULL NAME Maisy Lee Brown

(a) Residence, No. 2110 Settle 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 colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28th, 1932
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 2 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) Hannibal Mo

13. NAME Le Roy Brown

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

15. MAIDEN NAME Effie Johnson

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

17. INFORMANT Le Roy Johnson
 (ADDRESS) 2110 Settle St Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Johnson Cem. DATE 11/25/33

19. UNDERTAKER James O'Donnell
 (ADDRESS) Hannibal Mo

20. FILED See 5 1933 R. H. Johnson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/24/33 1933
 22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1933 to Nov 24, 1933
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10:20 a.m.
 The principal cause of death and related causes of importance were as follows:

Broncho pneumonia
109H
 Other contributory causes of importance: 107H

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____

(Signed) W. H. Fox, M. D.
 (Address) 216 _____

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.

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