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

Do not use this space.

17809

File No. .....
Registered No. 67

1. PLACE OF DEATH
County Ray
Township Richmond
City (No. ....., ... St. ..... Ward)

Registration District No. 744
Primary Registration District No. 3035

89 6 4

2. FULL NAME Nealie Clark 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.

JUN 26 1934

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ~~Widow~~ Wm Jessie Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/22/1888

7. AGE: Years 45 | Months 11 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Ray Co Mo

FATHER
13. NAME Elijah J Clark
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo

MOTHER
15. MAIDEN NAME Jane Rowland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo

17. INFORMANT (ADDRESS) Mrs Jane Clark Orrick Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE O'Dell Cemet DATE 5/6 1934

19. UNDERTAKER (ADDRESS) C.V. Gibson Orrick Mo

20. FILED 6-8 1934 E. E. Gay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/5 1934

22. I HEREBY CERTIFY, That I attended deceased from May 2 1934 to May 4 1934
I last saw h.. alive on May 4 1934. Death is said to have occurred on the date stated above, at 3 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
1 5	

Other contributory causes of importance:

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? No
If so, specify .....
(Signed) L D Greene, M. D.
(Address) Richmond Mo