

APR 16 1936

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

Do not use this space.

5043

1. PLACE OF DEATH

County Cedar Registration District No. 167  
Township Madison Primary Registration District No. 5232  
City (No. City) St. Ward

File No.  
Registered No.

2. FULL NAME

Purtonia A Brown

(a) Residence. No. 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 21 1847

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>88</u>	<u>4</u>	<u>1</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

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

10. NAME OF FATHER N S Broyles  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Sarah Pukerson  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn  
(STATE OR COUNTRY)

14. INFORMANT Is: OS Neal  
(Address) Fair Play Mo

15. FILED Feb 10 1936 B. A. Cheek  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 28 1936 19

17. I HEREBY CERTIFY, That I attended deceased from Feb 27 1936 19, to Feb 28 1936 19, that I last saw him alive on Feb 28 19, and that death occurred, on the date stated above, at 7 P M m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pneumonia

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical  
(Signed) Chas. F. Brown M. D.

, 19 (Address) Fair Play 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 Lindley Eric DATE OF BURIAL Feb 1 1936

20. UNDERTAKER F W Barker ADDRESS Fair Play 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.

