

MAR 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township W. 1st Primary Registration District No. 3009
City W. 1st (No. 1107 Broadway)

File No. 5345
Registered No. 61
St. _____ Ward _____

2. FULL NAME

Baby 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 Black 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) Feb. 22, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 0

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. Child
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) Cape Girardeau Mo

13. NAME Spencer Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksburg, Miss

15. MAIDEN NAME Irene Livingston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Walnut Lake, Ark

17. INFORMANT Irene Brown (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmount Cemetery Feb. 22, 1937

19. UNDERTAKER (ADDRESS) Zoberg, F. & U. Co. Cape Girardeau, Mo.

20. FILED 2-27-37 Jim. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1937, to Feb 22, 1937

I last saw h. er alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

still born.
Other contributory causes of importance: Breast Delivery

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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) J. Cochran, M. D.
(Address) Cape Girardeau,

item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

