

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.

NOV 18 1937

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

Do not use this space.

27

37811

1. PLACE OF DEATH
 County Howell Registration District No. 387
 Township Dry Creek Primary Registration District No. 5540
 City Pomona, Mo. (No.) St. Ward (....)

2. FULL NAME Molly Emogene Brown
 (a) Residence, No. Pomona, Mo. Rt. 1 St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 14 yrs. 7 mos. 10 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28th, 1923		
7. AGE YEARS 14	MONTHS 7	DAYS 10
IF LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. schoolgirl	
	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) Willow Springs, Missouri. (STATE OR COUNTRY)		
FATHER	13. NAME Clarence Brown	
	14. BIRTHPLACE (CITY OR TOWN) Howell county, Missouri. (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME Lydia Weakly	
	16. BIRTHPLACE (CITY OR TOWN) Hayes County, Nebraska. (STATE OR COUNTRY)	
17. INFORMANT Clarence Brown. (ADDRESS) Pomona, Mo. Route 1.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Pomona, Mo. DATE October 9, 1937		
19. UNDERTAKER Hal Thourburg. (ADDRESS) West Plains, Mo.		
20. FILED Nov. 9, 1937 Dora Gaye Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 8, 1937**

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
 I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at **12:16 a.m.**
 The principal cause of death and related causes of importance were as follows:
broken neck, shock, broken right leg and right arm.
 Date of onset

Other contributory causes of importance:
gob m

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? **accident** Date of injury **Oct. 8, 1937**
 Where did injury occur? **Pomona, Mo.**
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Public place. (train #106)
 Manner of injury **passenger in auto struck by**
 Nature of injury **killed instantly.**

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify *Meysie C. Thourburg*
 (Signed) **Meysie C. Thourburg** M.D.
 (Address) **West Plains, Mo.**

