NOV 18 1937

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

Do not use this space.

File No. 37960

Registered No. 96

1. PLACE OF DEATH

County: Jasper — Registration District No. 417

Township: — Primary Registration District No. 3021

City: Webb City — (No. 418 N. Tom St. Ward)

2. FULL NAME Sylvia A. Brown

(a) Residence, No. 418 N Tom St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: no data

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 26, 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	80	5	19	

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): Jamestown Mich

FATHER

13. NAME: James M Atkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Vermont

MOTHER

15. MAIDEN NAME: E. Washburn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Vermont

17. INFORMANT: Mrs Marion Woods (Daughter)
(ADDRESS): Webb City Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Hope Cemetery DATE: 10/16/37, 19

19. UNDERTAKER: Hedges-Nelson Funeral Home
(ADDRESS): Webb City Mo.

20. FILED: OCT. 16. 1937 — [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10/15/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 37, to Oct 15, 1937

I last saw h. or alive on Oct 15, 1937. Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis (CHRONIC) — Date of onset

Other contributory causes of importance: 430

Name of operation: — Date of:

What test confirmed diagnosis? Clinical — 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) George W. Cox, M. D.

(Address) Webb City, 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.