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.

FILED FEB 15 1943

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

Do not use this space.

7929

1. PLACE OF DEATH

County: Vernon — Registration District No. 361 — File No.

Township: Cole — Primary Registration District No. 6226 — Registered No.

City: Deerfield R.F.D. (No. ..., ..., St. ..., Ward)

2. FULL NAME: Etna M. 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.

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: Henry O. brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 6 1869

7. AGE: YEARS 73 — MONTHS 11 — DAYS 14 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife Retired
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): Dugless Ill.

FATHER

13. NAME: F. O. Dever
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): D eleware Co. / Ohio

MOTHER

15. MAIDEN NAME: Eliza English
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT: Mrs Delbert Grize
(ADDRESS): Deerfield Mo.

18. BURIAL, CREMATION, OR REMOVAL: Bulial
PLACE: Heavisides — DATE: 1/22/43

19. UNDERTAKER: O. E. Huffines
(ADDRESS): Garland Kansas

20. FILED 1-27, 1943 Mel W. L. Charles
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 20, 1943

22. I HEREBY CERTIFY, That I attended deceased from 1 / 18 / 1943 to 1 / 20 / 1943

I last saw her alive on 1 / 19 / 1943. Death is said to have occurred on the date stated above, at 11. 40 P.M.

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

Cerebral haemmorrage — Date of onset 1/18/1943

Other contributory causes of importance:
Arterio-sclerosis several years

Name of operation: no operation — Date of:
What test confirmed diagnosis? none — 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) F. C. Albright, M. D.
(Address) Garland Kans.

RECEIVED
District Health Officer No. 8
1-43-102
2-8-43

S. No. 2B
M—8-21-41
P I X29286

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 361 Primary Registration District No. 6226 Registrar's No.

1. PLACE OF DEATH:

(a) County: Vernon

(b) City or town: Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Etna M. Brown

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: W

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased: Feb (Month) 6 (Day) 1869 (Year)

8. AGE: Years 73 Months 11 Days 1 If less than one day hr. min.

9. Birthplace (City, town, or county) Tel (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 year 1943 hour 10 minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature F. C. Albright M.D. (M. D. or other)
Address Garland Texas Date signed

SUPPLEMENTARY

7929