

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

Do not use this space.

15634

**1. PLACE OF DEATH**

5 County Barry Registration District No. 29  
 1 Township Flaterwell Primary Registration District No. 4021  
 1 City Cassville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 21

**2. FULL NAME**

(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) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. M. Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-12-1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
43      1      24

OCCUPATION 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.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Cassville (STATE OR COUNTRY) Mo.

MOTHER 13. NAME J. T. Brattin

14. BIRTHPLACE (CITY OR TOWN) Fayetteville (STATE OR COUNTRY) Ark.

15. MAIDEN NAME Minnie S. Silks

16. BIRTHPLACE (CITY OR TOWN) Princeton (STATE OR COUNTRY) Kentucky

17. INFORMANT J. T. Brattin (ADDRESS) Cassville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cemetery DATE May 8 1933

19. UNDERTAKER W. T. Don (ADDRESS) Cassville Mo.

20. FILED July 1 1933 Mrs. H. R. Williams Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1933

22. I HEREBY CERTIFY, That I attended deceased from March 20th 1933 to May 6th 1933  
 I last saw her alive on May 6th 1933 Death is said to have occurred on the date stated above, at 8:30 P.M.  
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 3/4  
 Other contributory causes of importance 27

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? None 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) D. S. Mitchell M. D.  
 (Address) Cassville 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.

WHITE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUL 20 1933

