

DEC 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Greene
Township Jackson
City Lawrence (No. _____)

Registration District No. 322
Primary Registration District No. 5447A

File No. 41343
Registered No. 21
St. _____ Ward _____

2. FULL NAME

Lula M. Brown
(a) Residence, No. Fair Home R. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF A. T. Brown (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-16-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. _____ min.
71 1 5

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) Greene Mo (STATE OR COUNTRY)13. NAME Charles Huff14. BIRTHPLACE (CITY OR TOWN) Idaho (STATE OR COUNTRY)15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)17. INFORMANT A. T. Brown (ADDRESS) Fair Home R.18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Comfort DATE Nov-22-3719. UNDERTAKER R. B. Jones (ADDRESS) Buffalo Mo20. FILED Nov 22, 1937 Allan Barnes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-21-193722. I HEREBY CERTIFY, That I attended deceased from Nov-10, 1937, to Nov-21, 1937I last saw h. _____ alive on Nov 21, 1937. Death is saidto have occurred on the date stated above, at 6 P. m.

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

Date of onset

Other contributory causes of importance:

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? _____ 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?

If so, specify _____

(Signed) W. E. Allright, M. D.(Address) Pleasant Home 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.

