

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

Do not use this space.

2357

**1. PLACE OF DEATH**

County Ray Registration District No. 744  
 Township Richmond Primary Registration District No. 9035  
 City Richmond (No. ....) St. .... Ward (....)

File No. ....  
 Registered No. 2

**2. FULL NAME Dora 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 <u>Female</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (or other word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Addison Brown</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 1 1889</u>		
7. AGE <u>40</u>	YEARS <u>5</u>	MONTHS <u>16</u>
IF LESS than 1 day, .....hrs. or .....min.		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

**9. BIRTHPLACE (CITY OR TOWN) Nowata, Okla.**  
 (STATE OR COUNTRY) Nowata, Okla.

PARENTS	10. NAME OF FATHER <u>Mr Royal</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>"</u>
	12. MAIDEN NAME OF MOTHER <u>"</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>"</u> (STATE OR COUNTRY) <u>"</u>

**14. INFORMANT Addison Brown**  
 (Address) Richmond Mo

**15. FILED Jan 31 19 30**  
E. C. Ray  
 REGISTRAR

**V MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 17 1930  
9:55 P M 19 .....

17. I HEREBY CERTIFY, That I attended deceased from June 14, 1929, to Jan 17, 1930  
 that I last saw him alive on Jan 17, 1930, and that death occurred, on the date stated above, at 9:55 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Auto dilatator of heart  
66B  
95B

(duration) ..... yrs. .... mos. .... ds.  
 CONTRIBUTORY Toxic goiter  
 (SECONDARY) Doubt known  
 (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED Doubt known  
 (IF NOT AT PLACE OF DEATH) .....

0 DID AN OPERATION PRECEDE DEATH? DATE OF .....

WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Physical findings  
 (Signed) Harry M. Griffith, M. D.

Jan 20 1930 (Address) Richmond Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL City Cem.**  
 DATE OF BURIAL 1 21 30 19 .....

**20. UNDERTAKER W. W. Mansur**  
 (Address) Richmond 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.

WRITE PLAINLY, WITH OMISSION OF UNNECESSARY DETAILS

