

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

Do not use this space.

37603

**1. PLACE OF DEATH**

89

County Ray  
Township Yeahe Grove  
City Brazner (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 914  
Primary Registration District No. 6283-

File No. \_\_\_\_\_  
Registered No. 14

**2. FULL NAME**

(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 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Fe.</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Amos Brown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 27, 1869</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>6</u>
	DAYS <u>24</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Missouri</u>		
FATHER	13. NAME <u>John Leslie</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Nancy Leslie Downing</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Mrs. Alice Dean</u> (ADDRESS) <u>Brazner, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Plymouth</u> DATE <u>Nov. 22, 1933</u>		
19. UNDERTAKER <u>B. F. Mead</u> (ADDRESS) <u>Brazner, Mo.</u>		
20. FILED <u>Nov 21, 1933</u> <u>W. E. Gant</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Apr 20, 1933, to Nov. 21, 1933.  
I last saw him alive on Nov. 20, 1933. Death is said to have occurred on the date stated above, at 6:05 a.m.  
The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia Date of onset 11-11

Other contributory causes of importance  
Tuberculosis

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) Geo. Dowell, M. D.  
(Address) Brazner, 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 important.

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