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

Do not use this space.

17809

JUN 26 1934

1. PLACE OF DEATH

County... Ray

Township... Richmond

City... Richmond (No.... , St.... Ward)

Registration District No.... 744 / 3035

Primary Registration District No....

File No....

Registered No.... 67

2. FULL NAME Nealie Clark 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow Wm Jessie Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/22/1888

7. AGE YEARS 45 MONTHS 11 DAYS 13 If LESS than 1 day, ...hrs. or ......min.

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) Ray Co (STATE OR COUNTRY) Mo

13. NAME Eligah J Clark

14. BIRTHPLACE (CITY OR TOWN) Ray Co (STATE OR COUNTRY) Mo

15. MAIDEN NAME Jane Rowland

16. BIRTHPLACE (CITY OR TOWN) Ray Co (STATE OR COUNTRY) Mo

17. INFORMANT Mrs Jane Clark (ADDRESS) Orrick Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE O'Dell Cemet DATE 5/6 1934

19. UNDERTAKER C. V. Gibson (ADDRESS) Orrick Mo

20. FILED 6-8 1934 E. S. Hay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/5 1934

22. I HEREBY CERTIFY, That I attended deceased from May 3 1934, to May 4 1934

I last saw h.... alive on May 4 1934. Death is said to have occurred on the date stated above, at 3 a.m.

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

Lobar Pneumonia

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? No

If so, specify....

(Signed) L. D. Green , M. D.

(Address) Richmond Mo