

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

Do not use this space.

37058

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township Cape Primary Registration District No. 3009
City Cape Girardeau S. E. Mo. Hospital St. _____ Ward _____

File No. _____
Registered No. 824
St. _____ Ward _____

2. FULL NAME

Rosebud Brown
(a) Residence, No. _____ St. _____ Ward Jackson mo
(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>white</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>Roy Brown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 5 - 1897</u>		
7. AGE	YEARS	MONTHS
	<u>34</u>	<u>9</u>
		DAYS
		<u>11</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>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jackson mo</u>		
FATHER	13. NAME <u>Randolph Shaner</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jackson mo Perry county</u>	
MOTHER	15. MAIDEN NAME <u>Ella Hensley</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jackson mo</u>	
17. INFORMANT <u>Roy Brown</u> (ADDRESS) <u>Jackson mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Woodliff Heights</u> DATE <u>Nov 18, 1931</u>		
19. UNDERTAKER <u>McGandy, G. W. & Co</u> (ADDRESS) <u>Jackson mo</u>		
20. FILED <u>11/18, 1931</u> <u>W. C. Kump</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16 - 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1931, to Nov 16 - 1931
I last saw her alive on Nov 16 - 1931. Death is said to have occurred on the date stated above, at 8:45 a.m.
The principal cause of death and related causes of importance were as follows:
Peritonitis
due to internal injury caused by lifting heavy -
Date of onset 11-15-31

Other contributory causes of importance:
194 B

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 11-11-1931
Where did injury occur? Jackson
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury from lifting
Nature of injury Do not know

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) E. J. Schom, M. D.
(Address) Jackson mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

DEC 21 1931

