

**BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

1. PLACE OF DEATH

County Jasper
Township Jasper
City Jasper (No. _____) St. _____ Ward _____

Registration District No. 417
Primary Registration District No. 55610

File No. 27594
Registered No. 119

2. FULL NAME

(a) Residence. No. R # 5 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jun 15 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
57 | 7 | 29

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) Louisville
(STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Wm. Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Elizabeth Wingle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Kentucky

14. INFORMANT Chas. E. Turner
(Address) R # 5 Parthage

15. FILED 9-15-27 N. M. Stormont
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 13 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1927, to Sept 13, 1927 that I last saw him alive on Sept 13, 1927, and that death occurred, on the date stated above, at 7:30 a. m. 50

THE CAUSE OF DEATH WAS AS FOLLOWS:
Arterial Thrombosis
Carcinoma of Breast
Constriction of Brain
(duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) 47
(duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? L DATE OF _____
WAS THERE AN AUTOPSY? L

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) M. R. Clement, M. D.
Address Jasper

*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 Castertown Cem DATE OF BURIAL 9/15 1927

20. UNDERTAKER Webb City Bur Co ADDRESS Webb City Mo

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.

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