

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

39129

Do not use this space.

1. PLACE OF DEATH
 County Saline Co Registration District No. 796 File No. _____
 Township Marshall Primary Registration District No. 03008 Registered No. 154
 City Marshall (No. _____) St. _____ Ward _____

2. FULL NAME Mary F. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 3, 1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>60</u>	<u>0</u>	<u>8</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House work
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 2, 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1927 to Dec 2, 1927 that I last saw h. alive on Nov 27, 1927, and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Stomach
Met. 15 (duration) yrs. 7 mos. da. _____

CONTRIBUTORY (SECONDARY) 44 (duration) yrs. mos. da. _____

9. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

10. NAME OF FATHER Edmond Slaughter

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

12. MAIDEN NAME OF MOTHER Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't Know (STATE OR COUNTRY)

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

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? _____

21. WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) R. M. Sparto M. D.
12/5, 1927 (Address) Marshall 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.

14. INFORMANT R. Ellar Crutchfield (Address) Marshall, Mo.

15. FILED 12/5, 1927 R. Manning REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sappington Semetary DATE OF BURIAL Dec. 5, 1927

20. UNDERTAKER R. Robbins ADDRESS Marshall Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact amount of duration supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important.

1928

