FEB 21 1928

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

Do not use this space.

1467

1. PLACE OF DEATH
County: Jackson — Registration District No. 402 — File No.
Township: Sugar — Primary Registration District No. 5557 B. — Registered No. 1
City: Oak Grove Mo. (No. ..... St. ..... Ward)

2. FULL NAME Minnie Mae 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dick E. Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar. 15 - 1885

7. AGE: Years 42 | Months 9 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Green Brammer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Va.
12. MAIDEN NAME OF MOTHER: Rosabell Folsu
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Va

14. INFORMANT: Dick E. Brown
(Address): Oak Grove Mo.

15. FILED: 1/6, 1928. A. W. Mann, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 1, 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928 to Jan 1, 1928 that I last saw he.. alive on Jan 1, 1928, and that death occurred, on the date stated above, at 11.45 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
Middle lobe
12 hr
008
1 hr (duration) ..... yrs. ..... mos. 1 ds.
CONTRIBUTORY (SECONDARY): Peritonitis, appendicitis
(duration) ..... yrs. ..... mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF: ✓
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) [illegible], M. D.
1/2, 1928 (Address) Oak Grove

*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: Oak Grove, Mo. — DATE OF BURIAL: 1/3 1928
20. UNDERTAKER: E. O. Webb, Oak Grove, Mo. — ADDRESS

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.