

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

Do not use this space.

14079

1928

1. PLACE OF DEATH
 County Merced Registration District No. 556
 Township Morgan Primary Registration District No. 5750
 City (No.) St. Ward

2. FULL NAME Lovey Jane 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

MEDICAL CERTIFICATE OF DEATH

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 OR (OR) WIFE OF John F Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 10, 1840

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
87 11 15

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)

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 26 1928

17. I HEREBY CERTIFY, That I attended deceased from March 10, 1928 to Apr 26, 1928 that I last saw him alive on Apr 25, 1928, and that death occurred, on the date stated above, at 7:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia Crapfous

10/20/11 (duration) yrs. mos. ds.
16/0/0 Security
 CONTRIBUTORY (SECONDARY)

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Merced Co. MO

10. NAME OF FATHER John Kinney

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

12. MAIDEN NAME OF MOTHER unknown

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

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... no DATE OF

19. WAS THERE AN AUTOPSY..... no

WHAT TEST CONFIRMED DIAGNOSIS..... Phys sign
 (Signed) J. M. Perry M. D.
4/26, 1928 (Address) Princeton MO

14. INFORMANT Respect Thompson
 (Address) Princeton MO

FILED 4/26, 1928 J. M. Perry
 REGISTRAR

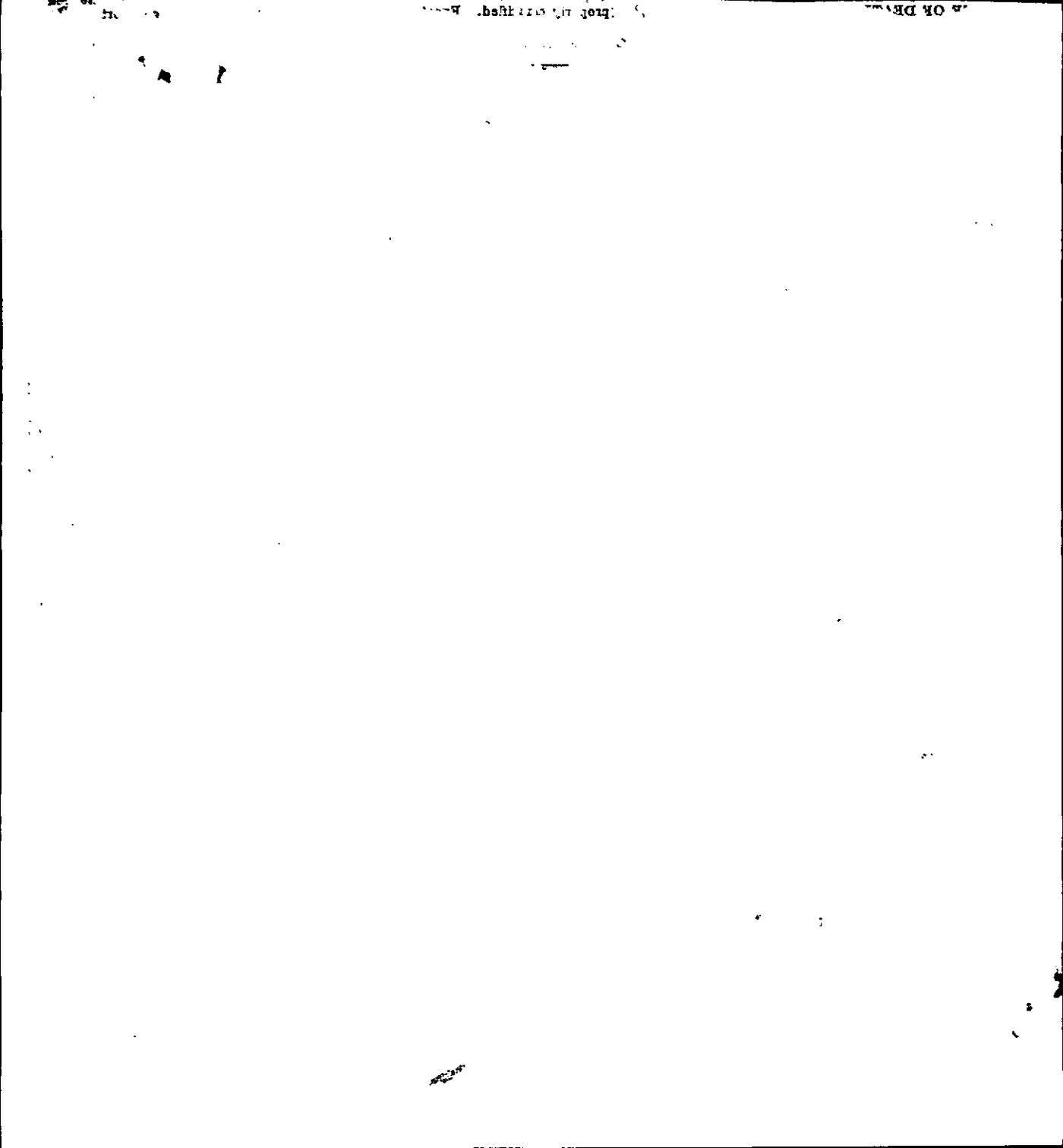
19. PLACE OF BURIAL, CREMATION, OR REMOVAL Houston Cemetery DATE OF BURIAL Apr 26 1928

20. UNDERTAKER Rob. Perry ADDRESS Princeton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

88-1-1-16

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Mercer Registration District No. 336 File No. _____
 Township Morgan Primary Registration District No. 3-7-30 Registered No. 145
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Lovey Jane 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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) wid.

16. DATE OF DEATH (MONTH, DAY AND YEAR) apr 26 1928
 17. _____

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

I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ since on _____, 19____, and that death occurred, on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 10-1840

THE CAUSE OF DEATH* WAS AS FOLLOWS: _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
88 1 16

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____
 DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) _____, M. D.
 _____, 19____ (Address)

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

10. NAME OF FATHER _____
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____
 12. MAIDEN NAME OF MOTHER _____
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

14. INFORMANT _____ (Address) _____

19. PLACE OF BURIAL, CREMATION, OR REMOVAL _____ DATE OF BURIAL _____

15. FILED 6/11 28 J. Perry REGISTRAR

20. UNDERTAKER _____ ADDRESS _____

Exact statement of OCCUPATION is very important. REGISTARS SHALL NOT RECEIVE A FEE FOR CAUSE OF DEATH in plain terms, so that it may be understood. S UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

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