

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

Do not use this space.

23004

1. PLACE OF DEATH

County BUCHANAN  
Township WASHINGTON  
City ST. JOSEPH

Registration District No. 85  
Primary Registration District No. 1001  
(No. MISSOURI METHODIST HOSPITAL St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. 806

2. FULL NAME MRS. ABIGAL C. BROWN

(a) Residence, No. MOUNT AYR, IOWA 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 MILES B. BROWN

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 17, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 | 3 | 14

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 \_\_\_\_\_

*463  
ALE  
117A*

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

10. NAME OF FATHER GEORGE GRAY

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

12. MAIDEN NAME OF MOTHER CHARLOTTE TUTTLE

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

14. INFORMANT Miss Jessie E. Brown

(Address) Mount Ayr, Iowa

15. FILED 1928 John G. Utz REGISTRAR

5 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) JULY 1st 1928

17. I HEREBY CERTIFY, That I attended deceased from June 26, 1928, to July 1, 1928 that I last saw her alive on July 1, 1928, and that death occurred, on the date stated above, at 11:45 P m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Carcinoma of Stomach & Gall  
Blood clots  
up of it  
(duration) 1 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Perforation of Stomach - Peritonitis  
(duration) 5 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, Mount Ayr, Ia

1 DID AN OPERATION PRECEDE DEATH, no DATE OF June 27

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Path. l. of tissue removed  
M. S. C. M. D.

(Signed) \_\_\_\_\_

July 1, 1928 (Address) St Joseph 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

MOUNT AYR, IOWA

DATE OF BURIAL JULY 2, 19 28

20. UNDERTAKER

E. R. Sidenfaden ADDRESS 602 E 10th

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.

