

EP 27 1928

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

Do not use this space.

28178

1. PLACE OF DEATH

County Polk
Township Peoria
City Grandview (No. _____)

Registration District No. 688
Primary Registration District No. 5916

File No. _____
Registered No. 12
St. _____ Ward _____

2. FULL NAME

Mrs. Margaret Bernellia 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

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

Morsh K. Brown

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

Aug 1 - 1843

7. AGE

YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
85 0 27

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 _____

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

Grandview Mo.

10. NAME OF FATHER

Milton Sweller

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

Mo.

12. MAIDEN NAME OF MOTHER

Angie Gentry

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

Ky.

14.

INFORMANT x Bida M Martin
(Address) Grandview, Mo.

15.

FILED Sept 15, 1928 Mattie Unsee
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 28 1928

17. I HEREBY CERTIFY, That I attended deceased from May 10, 1927, to Aug 28, 1928 that I last saw h alive on Aug 26, 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Valvular heart lesions

CONTRIBUTOR (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH _____ DATE OF _____

WAS THERE AN AUTOPSY _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) O. W. Judgrass M. D.

Sept 15, 1928 (Address) Grandview 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

Fairview Cem

DATE OF BURIAL

Aug 29, 1928

20. UNDERTAKER

E. H. Fields

ADDRESS

Grandview

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.

