

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

Do not use this space.

1851

1. PLACE OF DEATH

County Jackson
Township Staw
City Hannibal

Registration District No. 399
County Registration District No. 1002
(No. General Hospital #2)

File No. 444
Registered No. 444
St. Ward

2. FULL NAME

Brown, Mary E
(a) Residence, No. 732 Locust St. Ward E
(Usual place of abode)

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

Colored

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Wynnam Brown

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

Feb 27, 1884

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

34

11

1

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

David Estes

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Lucy Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

14.

INFORMANT

(Address)

Patient herself
Records at Old City Hosp

15.

FILED

1-29-29 M. M. Crowe
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan 28 1929

17.

I HEREBY CERTIFY That I attended deceased from Jan 22 1929 to Jan 28 1929, that I last saw her alive on Jan 25 1929, and that death occurred, on the date stated above, at 4:20 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Pellagra

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Clinical
H. M. Smith M. D.

1/29 1929 (Address) Old City Hosp

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Excelsior Springs Mo

1-31 1929

20. UNDERTAKER

ADDRESS

H. B. Moore

K 6 Mo

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.

