

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

Do not use this space.

5903

1. PLACE OF DEATH

County Cole
Township _____
City Jefferson (No. _____)

213

Registration District No. _____
Primary Registration District No. 3014

File No. _____
Registered No. 48
St. _____ Ward _____

2. FULL NAME

Mrs. Anna Elizabeth 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
Clay D. Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April-16-1891

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>37</u>	<u>8</u>	<u>28</u>	

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) Jefferson City, Mo
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Ben Humbrock</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Jefferson City, Mo</u>
	12. MAIDEN NAME OF MOTHER <u>Sabena Schneider</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Jefferson City, Mo</u>

14. INFORMANT Clay Brown
(Address) Jefferson City Mo

15. FILED 2-16-1929 Subsichard
REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 14 1929

17. I HEREBY CERTIFY, That I attended deceased from 1-10-29 to 2-14-29
that I last saw him alive on 2-14-1929, and that death occurred, on the date stated above, at 1,020 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cholecystotomy
W. W. W. W. (duration) _____ yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Surgical Shock
(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF 2-14-29

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. W. W. W. M. D.

2/15-1929 (Address) Jefferson City 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 <u>River View Cemetery</u>	DATE OF BURIAL <u>2/17 19 29</u>
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20. UNDERTAKER <u>Wymore + Gador</u>	ADDRESS <u>J. E. Mo</u>
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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.

1891

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Dr. Gillham

MAY 25 1954

cated by check marks, lacking from the death certificate:

Name: Mrs. Anna Elizabeth Brown

Who died at: Jefferson City, Mo. on Feb. 14, 1929,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Cholecystotomy

Contributory: Surgical Shock
Gall Stones (Colic)

Where was disease contracted? _____

Did operation precede death? yes Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____

Name of physician: Dr. B. J. ...

Address of physician: Jefferson City, Mo.

5-5903