

MAY 24 1929

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

10140

1. PLACE OF DEATH

County Douglas
 Township Benton
 City Ava (No.)

Registration District No. 272
 Primary Registration District No. 4165

File No.
 Registered No.
 St. Ward)

2. FULL NAME

Living Angelina E 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

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

James Walker E 3/31

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

1847 2-18

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
 day, ... hrs.
 or min.

87

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House wife

(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)

Mo. Tenn.

10. NAME OF FATHER

John H Black

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn.

12. MAIDEN NAME OF MOTHER

Dora Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Dora Brown

14.

INFORMANT
(Address)

G. M. B. G. G. G.

15.

FILED

5/15 1929

E. B. Mariman

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

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

3/31 1929

17.

I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 3/31 1929
 that I last saw him alive on 3/31 1929 and that
 death occurred, on the date stated above, at 6 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senile Pneumonia
 1867
 11.1
 1094

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Suppurative & accidental
 Sael (duration) yrs. mos. 10 ds.

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) R. M. Harman M. D.

, 19 (Address) Ava 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

DATE OF BURIAL

Ava Mo

May 1 1929

20. UNDERTAKER

ADDRESS

Clarence Cunningham

Ava 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.

