

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

Do not use this space.

11537

MAY 28 1929

PLACE OF DEATH

County Merced

Registration District No. 584

Township Washington

Primary Registration District No. 5747

City Millerton, Mo.

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME Margaret 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 F. 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 21 M. Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 15, 1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
86 4 23

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) Tenn.
(STATE OR COUNTRY)

10. NAME OF FATHER James Brannan

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

12. MAIDEN NAME OF MOTHER Lola

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

14. INFORMANT James Brannan
(Address) Uniontown, Mo.

15. FILED 4/13, 1929 E.C. Amato
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 8, 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1929, to Oct. 7, 1929, that I last saw h.w. alive on Oct. 7, 1929, and that death occurred, on the date stated above, at 3:14 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia (Lobar)
following Influenza
11 P.
10:30 (duration) yrs. mos. 7 da.
CONTRIBUTORY (SECONDARY) 11 P. (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) E.W. Ewing, M.D.
Oct 9, 1929 (Address) Spokane, 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

Salem Cemetery Mar 9 1929
20. UNDERTAKER ADDRESS
Paul Moss Uniontown
Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION.

