

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

Do not use this space.

13147

1. PLACE OF DEATH

County.....
Towship.....
City.....

791
1003

Registration District No.....
Primary Registration District No.....
(No. 5900 Nina Place

File No.....
Registered No. 3707
St. Ward)

2. FULL NAME

(a) Residence. No. 5900 Nina Place St. 5 Ward.

(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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>David R. Brown</i>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Aug 18, 1838</i>		
7. AGE	YEARS <i>90</i>	MONTHS <i>7</i>
	DAY <i>7</i>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <i>Housewife</i> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Mar 25 1929*

17. I HEREBY CERTIFY, That I attended deceased from *Mar 20 1929*, to *Mar 25 1929*, that I last saw her alive on *Mar 25 1929*, and that death occurred, on the date stated above, at *8 P. M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-pneumonia
1074
37 / 1074
arterio-sclerosis
several

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

10. NAME OF FATHER
Rich Fuller

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

12. MAIDEN NAME OF MOTHER
Olive Manning

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: *L*

19. DID AN OPERATION PRECEDE DEATH? *no* DATE OF.....

20. WAS THERE AN AUTOPSY? *no*

21. WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) *H. Moore* M. D.

Mar 26, 1929 (Address) *Wall Bldg*

*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.

14. INFORMANT *Asbury Papin*
(Address) *550 Waterman*

15. FILED *Mar 27 1929*
Max C. Starkey REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL
Winchester, Ill.

20. UNDERTAKER
Wagoner

DATE OF BURIAL
Mar 27

ADDRESS
3671 Olive

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.

235
2
2
2

