

5/31/29

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

Do not use this space.

18244

1. PLACE OF DEATH

County Jackson

Registration District No. ....

Township Waco

City Registration District No. ....

City Raney City

St. Joseph Hospital

File No. ....

Registered No. 2239

St. .... Ward)

2. FULL NAME

Nora Phyllis Brown

(a) Residence. No. 4141 Raytown Road St. 16 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)

Married

6A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 28 - 1991

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.  
47 | 5 | 29

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) Cumberland  
(STATE OR COUNTRY) Tennessee

10. NAME OF FATHER Wm P. Van Hoozer

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

12. MAIDEN NAME OF MOTHER Sarah Parker

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

14. INFORMANT T. F. Brown  
(Address) 4141 Raytown Road

15. FILED 5/18/29 M. J. Coye REGISTER

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 18 1929

17. I HEREBY CERTIFY, That I attended deceased from May 18 1929 to May 18 1929 that I last saw him alive on May 17 1929 and that death occurred, on the date stated above, at 5:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
548 Secondary anemia  
718  
103B

139  
(duration) 3 yrs. .... ds.  
Benign fibroid uterus  
(SECONDARY)  
removd (duration) 5 yrs. .... ds.

18. WHERE WAS DISEASE CONTRACTED Jackson Co. Miss.  
IF NOT AT PLACE OF DEATH

1 DID AN OPERATION PRECEDE DEATH. Yes DATE of Apr. 18th  
transfusion  
2 WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS labatory  
(Signed) D. J. ..., M. D.

15-1-1929 (Address) 1812 Ed ...

\*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 Rushville Missouri DATE OF BURIAL May 20 19 29

20. UNDERTAKER John J. Sheehan ADDRESS K.C. 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.

228  
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22

