

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

Do not use this space.

28455

**1. PLACE OF DEATH**

County Newton Registration District No. 612  
Township North Primary Registration District No. 5814  
City Berwick (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME** Mellisia 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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Brown.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 9 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
68 8 21

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work House Work.  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Newton Co.  
(STATE OR COUNTRY)

10. NAME OF FATHER (OR) John Le Grande

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

12. MAIDEN NAME OF MOTHER Miss Paster.

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

14. INFORMANT John Brown  
(Address) Berwick Mo.

15. FILED Oct 8, 1929 E. P. Moody REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 30 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1929 to Aug. 31, 1929 that I last saw him alive on Aug. 29, 1929 and that death occurred, on the date stated above, at 1:30 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Apoplexy  
82.45 (duration) 6 yrs. 11 mos. 11 ds.

CONTRIBUTORY (SECONDARY) 74.45  
(duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? Yes DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) E. P. Moody M. D.  
Oct 8, 1929 (Address) Berwick 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 Berwick Cemetery DATE OF BURIAL Sept 1 1929

20. UNDERTAKER John H. Hessel Jr ADDRESS Berwick Mo.

JCT 24 1929

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