

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

Do not use this space.

29750

**1. PLACE OF DEATH**

County Saline  
Township \_\_\_\_\_  
City Marshall (No. \_\_\_\_\_, St. \_\_\_\_\_ Ward)

Registration District No. 796  
Primary Registration District No. 3038

File No. \_\_\_\_\_  
Registered No. 125

**2. FULL NAME**

Minnie Jannell 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 F  
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 Walter Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 25 1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>55</u>		<u>8</u>	

**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)**

(STATE OR COUNTRY) Nelson Mo.

10. NAME OF FATHER W. R. Williams

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

12. MAIDEN NAME OF MOTHER Seargiant

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

14. INFORMANT Mrs Roy Cunningham  
(Address) Marshall Mo

15. FILED 8-14, 19 29 Mrs John H. McGuire  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 3 1929

17. HEREBY CERTIFY, That I attended deceased from May 10 1929 to Aug 3 1929 that I last saw her alive on Aug 3 1929, and that death occurred, on the date stated above, at 6:10 P. m.

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

Carcinoma of liver  
(duration) unknown ds.

CONTRIBUTOR (SECONDARY) Carcinoma of uterus  
operated about 8 yrs ago (duration) 8 yrs ago - ds.

**18. WHERE WAS DISEASE CONTRACTED**

W.H.B.  
IF NOT AT PLACE OF BIRTH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS clinical diagnosis  
(Signed) W. Williams, M. D.

Aug 3, 1929 (Address) Marshall, 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 Arrow Rock DATE OF BURIAL July 4 1929  
20. UNDERTAKER L. R. Hardin ADDRESS Marshall 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.

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