JAN 21 1930

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

Do not use this space.

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33383A

1. PLACE OF DEATH
County Douglas
Township Walls
City ..... (No. ..... St. ..... Ward)

Registration District No. 1071
Primary Registration District No. 5398

File No. 6
Registered No. 6

2. FULL NAME Rebecca J Brown
(a) Residence. No. Ripper Mo 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 29, 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	51	2	28	

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

9. BIRTHPLACE (CITY OR TOWN) Ind.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Joshua Pettey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dont know.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Dont know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont know
(STATE OR COUNTRY)

14. INFORMANT Maggie Foby
(Address) Gardner Mo

15. FILED 12/14 1929. E G Warden REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 27 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 25 only, 1927, to ....., 19..., that I last saw her alive on Oct 25, 1929 and that death occurred, on the date stated above, at 9.30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Stenosis

9 X R (duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (SECONDARY) [illegible] (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? Physical Ex
(Signed) J. L. Gentry, M. D.
, 19 (Address) Ava 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
Yates Cemetery	Oct 28 1929

20. UNDERTAKER	ADDRESS
R. A. Clinkingbeard	Ava Mo

N. B.—Every ... of information ... should be carefully supplied. AGE should be stated ... CAUSE OF D... plain te... that it may be properly classified. Exact statement ... should state ... is very important.

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