

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

Do not use this space.

3660

File No. _____
Registered No. *X 4*
St. _____ Ward _____

1. PLACE OF DEATH
County *Saline* Registration District No. *799*
Township *Slater* Primary Registration District No. *4479*
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME *Jane 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female*
4. COLOR OR RACE *White*
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widowed*
5A. IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OF (OR) WIFE OF *Chas Brown*
6. DATE OF BIRTH (MONTH, DAY AND YEAR) *July 19-1852*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. *77 6 . 0*
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) (STATE OR COUNTRY) *Ontario Canada*

PARENTS

10. NAME OF FATHER *Unknown Brown*
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*
12. MAIDEN NAME OF MOTHER *Unknown*
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

16. DATE OF DEATH (MONTH, DAY AND YEAR) *January 19 1930*
17. I HEREBY CERTIFY, That I attended deceased from *June 10 1928* to *Jan 19 1930*, 19 *30* that I last saw her alive on *Jan 19 1930* and that death occurred, on the date stated above, at *6 45 A* m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Breast
50
(duration) *2* yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) *47*
(duration) _____ yrs. _____ mos. _____ ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) *E. W. Redwell* M. D.
1-21 1930 (Address) *Slater 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.

14. INFORMANT *Lewis Brown*
(Address) *Slater Mo*
15. FILED *1-21 1930* *W. M. Tuttle*
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Salt Springs Mt. near *Jan 21 1930*
20. UNDERTAKER ADDRESS
Jones & Sager *Slater 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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