

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

Do not use this space.

7674

**1. PLACE OF DEATH**

County Boone  
Township Clinton  
City Clinton (No. \_\_\_\_\_)

Registration District No. 71  
Primary Registration District No. 5-110A

File No. \_\_\_\_\_  
Registered No. 9  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mary June Brown  
(a) Residence. No. Edgewood, 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 10, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
74 0 13

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work at home  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Boone Mo  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Horan Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Boone Mo  
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Nancy Little

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

14. INFORMANT Albert Eppasari  
(Address) Sublet, Mo.

15. FILED 4-1 1930 A. J. Nichols  
REGISTRAR  
M. J.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/28 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 - 1930, to Mar - 23, 1930, that last saw her alive on 3/31, and that death occurred, on the date stated above, at 8:00 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:-

Diabetic Gangrene

CONTRIBUTORY (SECONDARY) 57

(duration) yrs. 3 mos. ds.

(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? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Frisis Suggitt, M. D.

34, 1930 (Address) Columbia

\*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

Johnson Cemetery Boone Mo 3/24 1930

20. UNDERTAKER ADDRESS

M. J. Warden Columbia 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.

