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

MAY 27 1930

Do not use this space.

9935

1. PLACE OF DEATH
County Reynolds — Registration District No. 749 — File No. 2
Township — Primary Registration District No. 4450 — Registered No. 2
City Black Mo. (No. ..... St. ..... Ward)

2. FULL NAME Elvirah Brown
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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: Geo W. Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 15 1846

7. AGE: Years 83 — Months 11 mo. — Days 4 Days — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housekeeping
(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): Munger, Mo

PARENTS
10. NAME OF FATHER: X Wamble
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): not known
12. MAIDEN NAME OF MOTHER: Don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Can't Say

14. INFORMANT: Frank Brown
(Address) Black Mo

15. May 9, 1930 C. M. Fitzpatrick, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 19 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar. 19 to Mar. 19, 1930, to March 19, 1930, that I last saw her alive on March 19, 1930, and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aortic Insuf.
92 A
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) None
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Can't Say
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) C. M. Fitzpatrick, M. D
May 9, 1930 (Address) Lesterville 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: Brown Cemetery — DATE OF BURIAL: Mar. 20 1930

20. UNDERTAKER: — — ADDRESS: —

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.

insufficiency