

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.

OCT 28 1930

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

Do not use this space.

29189

1. PLACE OF DEATH
 County Busheman Registration District No. 85
 Township St Joseph Primary Registration District No. 100
 City St Joseph (No. St Joseph Hospital St. Stewartville Ward)

2. FULL NAME Marilyn J. Brown
 (a) Residence. No. Stewartville St. Stewartville Ward. Stewartville
 (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 Single
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 27 - 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 3 21 25

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

9. BIRTHPLACE (CITY OR TOWN) Fresh city
 (STATE OR COUNTRY) mo

10. NAME OF FATHER Geo. D. Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Centry
 (STATE OR COUNTRY) Co mo

12. MAIDEN NAME OF MOTHER Eva Ormsbee

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Smith
 (STATE OR COUNTRY) Centry Mo

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 18 1930

17. I HEREBY CERTIFY that I attended deceased from Sept 18 that I last saw alive on Sept 17 and that death occurred, on the date stated above, at 3:15 P. a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
accidental burn 181
Deceased was trying to
light a jack-o-lantern and
set her clothes afire (duration) — yrs. — mos. — ds.

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

18. WHERE WAS DISEASE CONTRACTED Stewartville Mo
 IF NOT AT PLACE OF DEATH Stewartville Mo

DID AN OPERATION PRECEDE DEATH no DATE OF —

WAS THERE AN AUTOBSEY no

WHAT TEST CONFIRMED DIAGNOSIS thought
 (Signed) Geo. D. Brown M. D.
 15 St Stewartville Mo (Address)

*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 Oregon mo. DATE OF BURIAL Sept 20 1930

20. UNDERTAKER Heenan Funeral Home ADDRESS 19406 Colburn

14. INFORMANT Geo. D. Brown
 (Address) Stewartville

15. FILE 8/19/30 John J. [unclear] REGISTRAR

Byrnes

1911

1912

1913