

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph (No. Mo. Month Hosp. Ward _____)

File No. 305
 Registered No. 128

2. FULL NAME Mary Ann Brownlee

(a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode) Maitland (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

| | | |
|--|----------------------------------|---|
| SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (<i>write the word</i>) <u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Waren Brownlee</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug. 26, 1855</u> | | |
| 7. AGE | YEARS <u>75</u> | MONTHS <u>5</u> |
| | DAYS <u>4</u> | If LESS than 1 day, _____ hrs. or _____ min. |
| 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House work</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____ | | |

9. BIRTHPLACE (CITY OR TOWN) Wuntington Co. Penn.
 (STATE OR COUNTRY)

10. NAME OF FATHER James McNeal

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown Penn.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Margaret Shore

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown Penn.
 (STATE OR COUNTRY)

14. INFORMANT W. E. Hodgen
 (Address) Maitland, Mo.

15. FILED John L. [Signature]
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 30 1931

17. 2 HEREBY CERTIFY, That I attended deceased from Jan. 29 1931, to Jan. 30 1931, that I last saw him alive on Jan. 30 1931, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Systemic hypertension
ruptured aortic aneurysm

126
1294 (duration) _____ yrs. _____ mos. 2 ds.

CONTRIBUTORY Ruptured aortic aneurysm (SECONDARY)
 (duration) _____ yrs. _____ mos. 2 ds.

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

19. OPERATIONS PRECEDE DEATH? Yes DATE OF Jan 29-31

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Findings at autopsy
 (Signed) W. J. Johnson, M. D.

Jan 31, 1931 (Address) St. Joseph, 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 Maitland, Mo. DATE OF BURIAL Jan. 2 1931

20. UNDERTAKER Fleeman Funeral Home Inc. ADDRESS St. Joseph

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FEB 18 1931

FEB 22 1931

