

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

Do not use this space.

**1. PLACE OF DEATH**

County Callaway Registration District No. 104  
Township Fulton Primary Registration District No. 3008  
City Fulton (No. ....) St. .... Ward)

File No. 392  
Registered No. 8

**2. FULL NAME**

Mrs. Nannie Brown  
(a) Residence No. 335 Westminster Ave 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** Negro  
**5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Married  
**5A. IF MARRIED, WIDOWED, OR DIVORCED**  
HUSBAND OF Ernest  
(OR) WIFE OF  
**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) Jan 9 1883  
**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
48 — 4

**8. OCCUPATION OF DECEASED**  
(a) Trade, profession, or particular kind of work Housewife  
(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) Missouri

**10. NAME OF FATHER** Charles Richmond

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

**12. MAIDEN NAME OF MOTHER** Mrs. Mc Clellan

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

**14. INFORMANT** Ernest Brown  
(Address) 335 Westminster Ave, Fulton, Mo

Jan 15 1931 R. M. Crews  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) Jan. 13 1931  
**17.** I HEREBY CERTIFY, That I attended deceased from May 1920 to Jan - 13 1931 that I last saw her alive on Jan - 12 1931 and that death occurred, on the date stated above, at 1:13 12:50 P.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma of the uterus  
Asy (duration) yrs. mos. ds.  
Aortic stenosis  
(SECONDARY) (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? N.P. DATE OF  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) M. S. Richardson, M. D.  
, 19 (Address) Fulton, 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** Whitecloud Cemetery **DATE OF BURIAL** Jan 16 1931

**20. UNDERTAKER\*** Eli Bell ADDRESS Fulton, Mo

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

