WRITE PLAINLY, [illegible] INK—THIS IS A PERMANENT

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st[illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 25 1931

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

Do not use this space.

11034

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No.
Township — Primary Registration District No. 3032 — Registered No. 96
City Sedalia (No. Bothwell Hospital St. Ward)

2. FULL NAME Minnie Margarite Brownfield
(a) Residence. No. 515 West 6th St., 4 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not Known
7. AGE About 5 YEARS 9 or MONTHS 60 DAYS — If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer At Home
9. BIRTHPLACE (CITY OR TOWN) Cooper Co (STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Martin Brownfield
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Adeline M Lewis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Janesville (STATE OR COUNTRY) Ohio

14. INFORMANT Kellis Herymous (Address) Sedalia Mo

15. FILED 3-16, 1931 J. S. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 14th 1931

17. I HEREBY CERTIFY, That I attended deceased from March 14, 1931, to March 14, 1931 that I last saw her alive on March 14, 1931, and that death occurred, on the date stated above, at 2.35 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
82 H
99 (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Arterio-Sclerosis
(duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Her home.
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings.
(Signed) Jno. B. Carlisle, M. D.
3/16, 1931 (Address) Sedalia 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 Pilot Grove Mo — DATE OF BURIAL 3/16 1931
20. UNDERTAKER McLaughlin Bros — ADDRESS Sedalia