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

Do not use this space.

12855

1. PLACE OF DEATH
County Shannon — Registration District No. 824
Township Eminence — Primary Registration District No. 6076
City ... (No. ..., ... St. ... Ward)
File No. ...
Registered No. ...

2. FULL NAME Mary Brown

(a) Residence. No. ... St., ... 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.

APR 27 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	N	Single

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec -26- 1911

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	19	2	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home maid 244
(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) 31

PARENTS

10. NAME OF FATHER Fred. E. Brown.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ava
(STATE OR COUNTRY) Douglas Co. 1
12. MAIDEN NAME OF MOTHER Elpha Nelman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Ark

14. INFORMANT Fred E Brown
(Address) Round Springs Mo

15. FILED 3-8-, 1931 Frank Hyde M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar-8- 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar-1-, 1931, to Mar 8-, 1931, that I last saw h.m. alive on Mar 5-, 1931, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute dilatation of Heart
30
1-
(duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY) Chronic Malaria
(duration) ... yrs. 6 mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED ...
IF NOT AT PLACE OF DEATH? ...
DID AN OPERATION PRECEDE DEATH? ... DATE OF ...
WAS THERE AN AUTOPSY? ...
WHAT TEST CONFIRMED DIAGNOSIS? ...

(Signed) Frank Hyde, M. D
3-8-, 1931 (Address) Eminence 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	DATE OF BURIAL
Ava Mo	3-10- 1931
20. UNDERTAKER None	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.