

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township St. Joseph,
City St. Joseph, (No. 302 North 20th.)

85

Registration District No. 85
Primary Registration District No. 1001
302 North 20th.

13298

File No. 13298
Registered No. 466
St. _____ Ward _____

2. FULL NAME Anna C. Brown,

(a) Residence No. 302 North 20th. St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stephen S. Brown,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 10, 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 6 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home,
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Boston,
(STATE OR COUNTRY) Massachusetts, 2

10. NAME OF FATHER Unknown,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

12. MAIDEN NAME OF MOTHER Unknown,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

14. INFORMANT Mrs. Em. Ray
(Address) 302 North 20th Street,

15. John R. Bender
REGISTRAR

APR 28 1931

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 28, 1931

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1929 to April 28, 1931
that I last saw her alive on April 27, 1931, and that death occurred, on the date stated above, at 5:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumo. pneumonia
92 H
1000
77
CONTRIBUTORY Metral Struosis and Arterio
(SECONDARY) Sclerosis (duration) 70 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WHAT TESTS CONFIRMED DIAGNOSIS? Signs & Symptoms
(Signed) Clarence Chad, M. D.
April 28, 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 Mount Auburn Cemetery DATE OF BURIAL Apr. 30 1931

20. UNDERTAKER Heaton-Bell & Bowman ADDRESS 319 S. 10 St.
Diverse Home

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.

MAY 2 1 1931

1944

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