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.

MAY 25 1931

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

Do not use this space.

14813

1. PLACE OF DEATH
County Lincoln
Township Minerva
City (No. ... St. ... Ward)
Registration District No. ...
Primary Registration District No. 494 5658
File No. ...
Registered No. ...

2. FULL NAME Mrs. Annie Elizabeth 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 20 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 White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John A. Brown
6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 11 1865
7. AGE Years 65 Months 11 Days 9 If LESS than 1 day, ... hrs. or ... min.
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) Pike Co. Missouri

PARENTS
10. NAME OF FATHER Charles Hudson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ... (STATE OR COUNTRY) Pike Co. Mo.
12. MAIDEN NAME OF MOTHER Emily F. Hagwood
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ... (STATE OR COUNTRY) Missouri

14. INFORMANT John A Brown (Address) Olney Mo
15. FILED 4/3, 1931 W H Riadle REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April -2- 1931
17. I HEREBY CERTIFY, That I attended deceased from October -10- 1930, to April -2- 1931, that I last saw her alive on March -31- 1931, and that death occurred, on the date stated above, at 7.45 A. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of liver & Colon
46 k
46 c
(duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY) 466
(duration) ... yrs. ... mos. ... ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at place of death
DID AN OPERATION PRECEDE DEATH? No. DATE OF ...
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Xray
(Signed) O. H. Johnson, M. D
4-2-, 1931, (Address) Silex 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 Olney Cemetery
DATE OF BURIAL 4-4- 1931
20. UNDERTAKER Wm Lommond
ADDRESS Silex Mo.