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.

JUL 22 1931

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 20645

Township — Primary Registration District No. 1001 — Registered No. 661

City St Joseph (No. Mo Methodist Hospital Ward)

11 5 9

2. FULL NAME Adaline Marrison

(a) Residence, No. ..... St., ... Ward. Winston Mo. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F — 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 L. D. Marrison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24 1870

7. AGE — YEARS 61 — MONTHS ~~2~~ 3 — DAYS ~~29~~ 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1931 — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~Missouri~~ Missouri Unknown

FATHER

13. NAME Brackton Browning

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~Missouri~~ Missouri Unknown

MOTHER

15. MAIDEN NAME Elizabeth Crowder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) L. D. Marrison Winston Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pattonsburg Mo DATE June 25 1931

19. UNDERTAKER (ADDRESS) Fleeman Funeral Home St Joseph Mo

20. FILED JUN 2 1931 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24 1931

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1931, to June 24, 1931
I last saw her alive on June 24, 1931. Death is said to have occurred on the date stated above, at 8 A m.
The principal cause of death and related causes of importance were as follows:

Emphysema Gall Bladder Cholecystitis

93C 126 127A 93C

Other contributory causes of importance: Myocarditis Chronic

Date of onset

Name of operation Cholecystectomy Date of June 22
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) W F Schmid, M. D.
(Address) St Joseph Mo