

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.

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

Do not use this space.

22373

a. l. Monroe

1. PLACE OF DEATH
 County *Pettis* Registration District No. *668*
 Township *Debraha* Primary Registration District No. *3032*
 City *Debraha* (No. *2009 East 16*)
 2. FULL NAME *Sarah Jane Brown*
 (a) Residence, No. *2101 East 16* St. *3* 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.

20 1931

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Samuel Fullerton Brown*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 18 - 1847*
 7. AGE YEARS *88* MONTHS *5* DAYS *11* If LESS than 1 day, hrs. min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
 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) 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*
 FATHER 13. NAME *M. J. Manker*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Hylan Co Ohio*
 MOTHER 15. MAIDEN NAME *Nancey (?)*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Langley Co Va*
 17. INFORMANT *W. L. Brown*
 (ADDRESS) *Debraha*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Debraha* DATE *7-1 1931*
 19. UNDERTAKER *Mrs. Augusten Brown*
 (ADDRESS) *Debraha Mo*
 20. FILED *7-1 1931* Registrar. *J. J. Love*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 29, 1931*
 22. I HEREBY CERTIFY That I attended deceased from *April - 1920*, to *June 24, 1931*
 last saw her alive on *June 20, 1931* Death is said to have occurred on the date stated above, at *10 258*
 The principal cause of death and related causes of importance were as follows:
 Date of onset
Analysis
of cerebral thrombosis
arteriosclerosis
 Other contributory causes of importance
 Name of operation *none* Date of
 What test confirmed diagnosis? *clinical* 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) *a. l. Monroe* M. D.
 (Address) *1116 W 4 Debraha Mo*



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