

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

Do not use this space.

33772

**1. PLACE OF DEATH**

County Callaway,  
Township.....  
City Fulton, Mo, (No.....)

Registration District No. 104  
Primary Registration District No. 3008

File No.....  
Registered No. 224  
St..... Ward.....

**2. FULL NAME**

(a) Residence, No..... St.,..... Ward.....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov, 30th, 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	68	10	17	

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

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

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) Mo,

13. NAME Mark Thomas Brown,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo,

15. MAIDEN NAME Mary Moore,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO,

17. INFORMANT (ADDRESS) Mrs. Rodger Carroll, Fulton, Mo,

18. BURIAL, CREMATION, OR REMOVAL PLACE Hillcrest emetery, Oct, 15th 1931

19. UNDERTAKER (ADDRESS) Herndon-Taylor Furn Co, Fulton, Mo,

20. FILE Oct 14, 1931 R. M. Crews Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1931, to Oct. 12, 1931  
I last saw her alive on Oct. 10, 1931. Death is said to have occurred on the date stated above, at 6, 15P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy  
arterial sclerosis  
hypertension

Date of onset 7/21/31

Name of operation..... 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) H. J. OWEK, M. D.  
(Address) Fulton, Mo,

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.

NOV 23 1931

