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.

DEC 21 1931

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

Do not use this space.

36933

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St.Joseph, (No. 2718 Locust St. St. Ward)

File No. 1163
Registered No.

2. FULL NAME Alice A.Brown
(a) Residence, No. 2718 Locust St St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 44 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: A.J.Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr,28,1863

7. AGE: YEARS 68 — MONTHS 6 — DAYS 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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): Belmont Co, Ohio.

FATHER
13. NAME: Robert Thorburn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Belmont Co, Ohio.

MOTHER
15. MAIDEN NAME: Mary E.Stringer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wheeling, W.Va.

17. INFORMANT (ADDRESS): Mr.A.J.Brown 2718 Locust St. St.Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fillmore, Mo. DATE Nov,21,1931

19. UNDERTAKER (ADDRESS): Walter Meierhoffer 1302 Faraon St. St.Joseph, Mo.

20. FILED 11-19-31 19 John R. Bender 112 Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov,18,1931 ; 19

22. I HEREBY CERTIFY, That I attended deceased from November 10, 1931, to Nov 18, 1931
I last saw her alive on Nov 18, 1931. Death is said to have occurred on the date stated above, at 3.15 P.M.
The principal cause of death and related causes of importance were as follows:

Cirrhosis Liver — Date of onset

124B
97

124B

Other contributory causes of importance:

Arterio Sclerosis

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

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?
If so, specify Lyda Hillyard
(Signed) Lyda Hillyard, M. D.
(Address) Ballinger Bldg, St.Joseph, Mo.