

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

Do not use this space.

906

**1. PLACE OF DEATH**

47 County Linn  
Township Amelia  
City Amelia (No. \_\_\_\_\_)

Registration District No. 391  
Primary Registration District No. 5546a

File No. \_\_\_\_\_  
Registered No. 1  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Anna Griffith Brown  
(a) Residence. No. Lawton, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 2 yrs. 10 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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 Ann Aline Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 28 - 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	73	9	7	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Retired Home for Aged Baptist  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN), Lafayette Co., Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Linray Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN), Lafayette Co., Mo.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ruth Horn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN), Johnson Co., Mo.  
(STATE OR COUNTRY)

14. INFORMANT Milford Riggs  
(Address) Monton, Mo.

15. FILED Jan 1st 1932 R. A. Parche  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 1 1932

17. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1931, to Dec 26, 1931, that I last saw him alive on Dec 26, 1931, and that death occurred, on the date stated above, at 4 P. M. a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Hydro Pericardium  
10/3/0 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Edema of feet and legs  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no. DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Edward R. G. Parham M. D.  
1/1 1932 (Address) Monton 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 Higginsville Mo. DATE OF BURIAL Jan 3rd 1932

20. UNDERTAKER A. C. Bond ADDRESS Monton Mo.

WHITE PAPER, 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.

MAR 23 1932

