

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

Do not use this space.

8144

**1. PLACE OF DEATH**

County Jasper  
Towship Jackson  
City Jackson

Registration District No. 944  
Primary Registration District No. 54478

File No. 46  
Registered No. 46  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mahala Angelina Brown

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ 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.

**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 Wm. N. Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 22-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
65 6 28

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housework  
(b) General nature of industry, business, or establishment in which employed (or employer) 235  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

10. NAME OF FATHER Louis A. Brown

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

12. MAIDEN NAME OF MOTHER Sarah C. Burns

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

14. INFORMANT W. N. Brown  
(Address) Shppard Mo.

15. FILED 3/23 1932 W. B. Grier  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 20 1932

17. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1932 to March 20, 1932 that I last saw her alive on March 20, 1932, and that death occurred, on the date stated above, at One P m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pulmonary Tuberculosis  
R3A (duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 235 (duration) \_\_\_\_\_ yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Chinik's Bacteriology  
(Signed) R. H. Ficht, M. D.  
3/21, 1932 (Address)

\*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 Good Springs DATE OF BURIAL 3/21 1932

20. UNDERTAKER Mr. Brown ADDRESS Dorway Mo

X. 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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

