

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

Do not use this space.

38837

1. PLACE OF DEATH

19 County Cass Registration District No. 156 File No. _____
 Township Peabody Primary Registration District No. 5220 Registered No. 541
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

May Agnes Brown
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 35 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>R. A. Brown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 16 - 1850</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>8</u>
	DAYS <u>25</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home maker</u>	
	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) <u>Kentucky</u> 2		
MOTHER	13. NAME <u>Benjamin Stephens</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
	15. MAIDEN NAME <u>Hetha Boddy</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT (ADDRESS) <u>R. B. Branson Harrisonville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bray Cemetery</u> DATE <u>1932</u>		
19. UNDERTAKER (ADDRESS) <u>Runnells Bros & Co. Harrisonville, Mo.</u>		
20. FILED <u>1/21</u> 19 <u>32</u> <u>AS</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

1
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1932 to Dec 11 1932
 I last saw her alive on Nov 6 1932 Death is said to have occurred on the date stated above, at 6:15 P. M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset _____

Other contributory causes of importance:
82A J. J. W.

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 _____
 (Signed) [Signature]
 (Address) Harrisonville, 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.

JAN 22 1933

