30 1933

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.

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

Do not use this space.

5241

1. PLACE OF DEATH

39, County DeKalb

Registration District No. 259

File No.

Township Camden

Primary Registration District No. 3357B

Registered No.

City Maysville (No. , St. Ward)

2. FULL NAME Harriette Susan 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	77	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 950

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 130

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 93

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Co. Ohio

2

FATHER

13. NAME Simon Bird

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER

15. MAIDEN NAME Mary Ann Starr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

17. INFORMANT Miss Mabel Brown
(ADDRESS) Maysville Mo

18. BURIAL, CREMATION, OR REMOVAL
Oak Lawn, Maysville DATE 2/12 33 19

19. UNDERTAKER U. G. Pilcher
(ADDRESS) Maysville Mo.

20. FILED Feb 11 1933 J. 2 [illegible] Wells Registrar.

3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby. 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17. 1932, to Feby 10 1933

I last saw her alive on Feby. 9 1933. Death is said to have occurred on the date stated above, at 7.50 a.m.

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

	Date of onset
Cardio-nephritis.	
Acute myocarditis	
Acute nephritis	Nov. 32.

950

Other contributory causes of importance:
Influenza 1921.

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) M. D.

(Address) Maysville, Mo.