

WRITE PLAIN! 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.

NOV 10 1933

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

Do not use this space.

32294

1. PLACE OF DEATH  
 11 County Buchanan Registration District No. 85  
 5 Township St Joseph Primary Registration District No. 1001  
 2 City St Joseph (No. 231, Lawrence St. Ward Ar)  
 2. FULL NAME Malinda Brown  
 (a) Residence, No. 231 Lawrence Ave Ward. \_\_\_\_\_  
 (Usual place of abode) \_\_\_\_\_  
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1860

7. AGE YEARS 73 MONTHS 11 DAYS 11 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

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) unk mo

13. NAME Joseph Patton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk Ky

MOTHER

15. MAIDEN NAME Rosa Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk mo

17. INFORMANT Mary Wheatley (ADDRESS) 231 Lawrence

18. BURIAL, CREMATION, OR REMOVAL PLACE King Hill DATE 10/28/33

19. UNDERTAKER (ADDRESS) Ransley Mortuary  
7th & Olive Sts.

20. FILED 10-28-33 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/14 1933, to 10/26 1933, 1933  
 I last saw him alive on Oct 26-33, 1933. Death is said to have occurred on the date stated above, at 4:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
828  
11/3  
apoplexy  
 Other contributory causes of importance:  
La grippe  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? no

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? no  
 If so, specify \_\_\_\_\_  
 (Signed) Wentworth, M. D.  
 (Address) 216 W. W. Ave.

