

EB 97 1934

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

Do not use this space.

1. PLACE OF DEATH

57. County Knox
Township Shenandoah
City Shenandoah (No.)

Registration District No. 439
Primary Registration District No. 5536

1696

File No.
Registered No. 217
St. Ward

2. FULL NAME Sarah Catherine Brown

(a) Residence. No. St. 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.

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

David Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 30 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 8

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Lepanto
(STATE OR COUNTRY) Ohio - ~~Canada~~

10. NAME OF FATHER Samuel Emsel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)

14. INFORMANT Ed. J. Brown
(Address) Barnes - Mo

15. FILED Feb 10 1934 Edmond Corby
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 31 1934

17. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1934, to Jan 31, 1934
that I last saw her alive on Jan 30, 1934, and that death occurred, on the date stated above, at 9:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Endocarditis

CONTRIBUTORY (SECONDARY)

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 Chemical
(Signed) Dr. S. Luman, M. D.

, 19 (Address) Edina 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

DATE OF BURIAL

Pleasant Ridge

Feb 2 1934

20. UNDERTAKER

ADDRESS

F. R. Esley

Brookfield Mo

