

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

Do not use this space.

FILED
JAN 27 1934

1. PLACE OF DEATH

County Schuyler Registration District No. 805
Township Blair Primary Registration District No. 6049
City (No. _____) (St. _____ Ward _____)

File No. 8 3577
Registered No. _____

2. FULL NAME

Mary Elizabeth Braun
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W. Caucasian 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-25-1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. H. Braun

17. I HEREBY CERTIFY, That I attended deceased from 1-25-1934 to 1-25-1934, 1934, that I last saw alive on 1-25-1934, and that death occurred, on the date stated above, at 3:00 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-3-1856

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 1 25

Essentially unchanged
82 (duration) yrs. mos. ds.

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) at home
(c) Name of employer

CONTRIBUTORY (SECONDARY) 82 (duration) yrs. mos. ds.

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

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

10. NAME OF FATHER Anderson

19. DID AN OPERATION PRECEDE DEATH. NO DATE OF _____

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

20. WAS THERE AN AUTOPSY? NO

12. MAIDEN NAME OF MOTHER Griff

WHAT TEST CONFIRMED DIAGNOSIS Heart

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

(Signed) P. V. ... M. D.
, 19 1934 (Address) ...

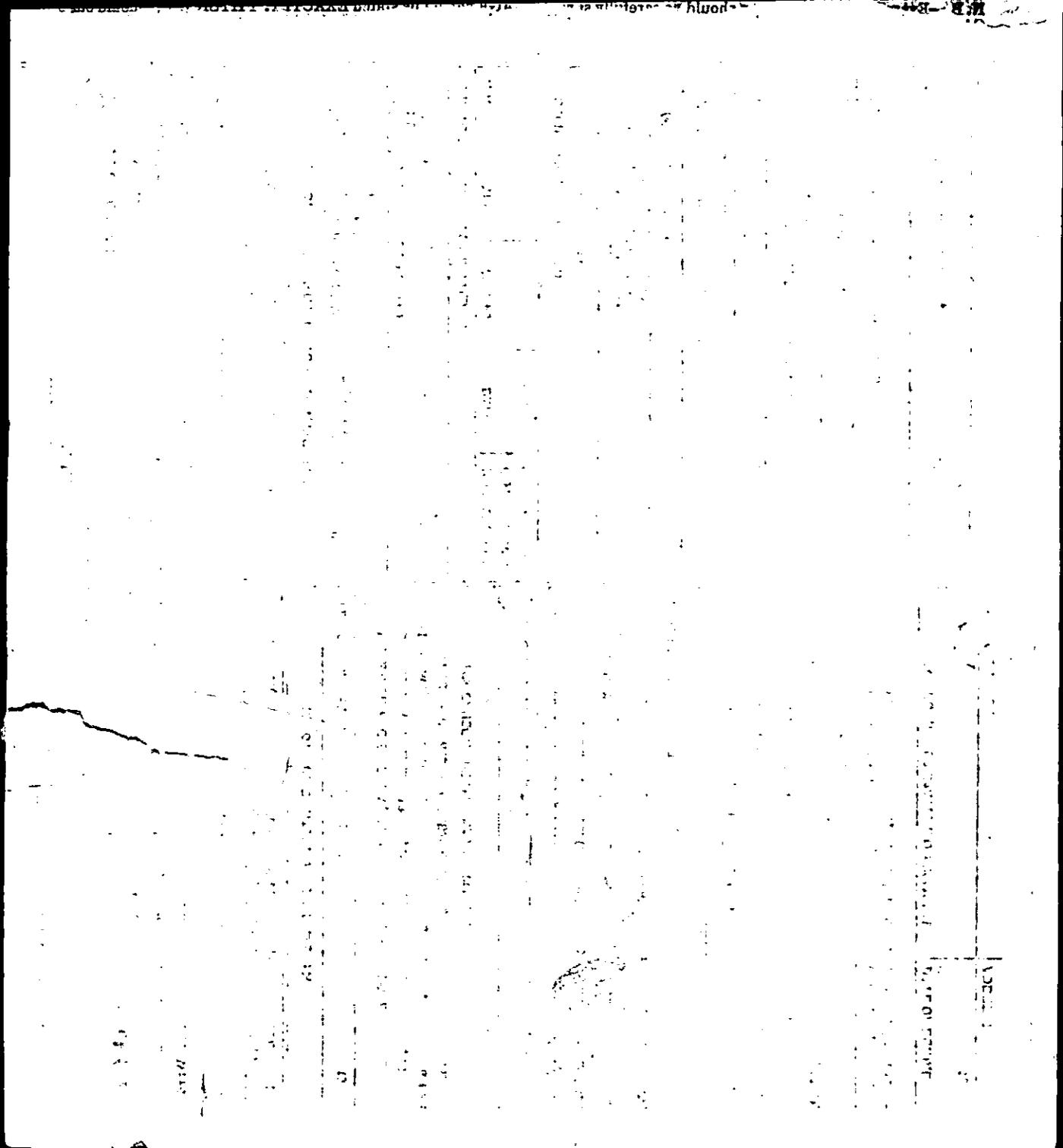
14. INFORMANT A. C. Brown
(Address) ...

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bethel Cemetery DATE OF BURIAL Jan 31 1934

15. FILED Jan 31 1934 Byrdick H. Drake REGISTRAR

20. UNDERTAKER John A. Roberts ADDRESS Lancaster MO

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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The following table shows the results of the experiment conducted on the 15th day of the month of January, 1900. The data was collected from the various trials and is presented in the following order:

Time	Temperature	Humidity	Wind Speed	Wind Direction	Cloud Cover	Visibility	Barometric Pressure
8:00 AM	65°F	75%	5 mph	SE	100%	10 miles	30.0 in
9:00 AM	68°F	78%	6 mph	SE	100%	10 miles	29.9 in
10:00 AM	70°F	80%	7 mph	SE	100%	10 miles	29.8 in
11:00 AM	72°F	82%	8 mph	SE	100%	10 miles	29.7 in
12:00 PM	75°F	85%	9 mph	SE	100%	10 miles	29.6 in
1:00 PM	78°F	88%	10 mph	SE	100%	10 miles	29.5 in
2:00 PM	80°F	90%	11 mph	SE	100%	10 miles	29.4 in
3:00 PM	82°F	92%	12 mph	SE	100%	10 miles	29.3 in
4:00 PM	85°F	95%	13 mph	SE	100%	10 miles	29.2 in
5:00 PM	88°F	98%	14 mph	SE	100%	10 miles	29.1 in
6:00 PM	90°F	100%	15 mph	SE	100%	10 miles	29.0 in

The data indicates a steady increase in temperature and wind speed throughout the day, with a corresponding decrease in barometric pressure. The humidity and cloud cover remained high throughout the entire period.

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Schuyler Registration District No. 805
 Township Glennwood Primary Registration District No. 6049
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Mary Elizabeth 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.

File No. 3577
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3-1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>77</u>	<u>1</u>	<u>25</u>	

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

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

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28, 1934

22. I HEREBY CERTIFY That I attended deceased from Jan 28, 1934 to Jan 28, 1934
 I last saw deceased alive on Jan 28, 1934. Death is said to have occurred on the date stated above, at _____ m.

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

Other contributory causes of importance _____

Date of onset _____

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) P. J. Hank, M. D.
 (Address) Coatsville, Mo.

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

FATHER
 13. NAME Anderson Reed
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT J. A. Brown
 (ADDRESS) Coatsville

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Cem DATE Jan 31, 1934

19. UNDERTAKER John A. Roberts
 (ADDRESS) Coatsville, Mo.

20. FILED Jan 31, 1934 Byrdie Drake
 Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

NOTE—Every item of information should be carefully supplied. Age should be stated exactly. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

SUPPLEMENTARY

S-3577