

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

Do not use this space.

9411

**1. PLACE OF DEATH**

49 County Jasper Registration District No. 417  
 11 Township W. Hill Primary Registration District No. 3021  
 7 City W. Hill (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward)

**2. FULL NAME**

Miss Mary Ellen Brown  
 (a) Residence, No. 515 Walker St., \_\_\_\_\_ Ward. (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Samuel L. Brown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 15 1854</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>6</u>	DAYS <u>X</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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>Barton County Missouri</u>		
13. NAME <u>John Mitchell</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>		
15. MAIDEN NAME <u>Marganda Martin</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>		
17. INFORMANT (ADDRESS) <u>S. L. Brown</u> <u>W. Hill City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>W. Hill City Cem.</u> DATE <u>Nov 17 1934</u>		
19. UNDERTAKER (ADDRESS) <u>W. Hill City Bur. &amp; C.</u> <u>W. Hill City, Mo.</u>		
20. FILED <u>3-17</u> 19 <u>34</u> <u>J. L. Corning</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1934 to March 15 1934  
 I last saw him alive on March 15 1934 Death is said to have occurred on the date stated above, at 7 P. m.

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

Chronic distal nephritis  
Chronic pyelitis

Date of onset

Other contributory causes of importance:

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) J. L. Corning, M. D.  
 (Address) W. Hill City, Mo.

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.

