

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

Do not use this space.

MAY 25 1934

13226

1. PLACE OF DEATH

County Jackson
Township Van Buren
City _____ (No. _____)

Registration District No. 401
Primary Registration District No. 555-6

File No. 4
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mary Emma Brain

(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 Fe 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 Hiram Brain

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-31-1847

7. AGE YEARS 86 MONTHS 3 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Fortsmith, Ohio

13. NAME John B. Fox

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

15. MAIDEN NAME Katherine Ann Wallace

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

17. INFORMANT Mr. J. H. Brain (ADDRESS) Lee's Summit, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lee's Summit, Mo. DATE 4-10-33

19. UNDERTAKER Fielda - James Co. (ADDRESS) Lee's Summit, Mo.

20. FILED April 11, 1934 Vernie E. Yankee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1934

22. I HEREBY CERTIFY that I attended deceased from _____, 19____, to Deity County, 19____

I last saw h. _____ alive on _____, 19____. Death was said to have occurred on the date stated above, at 10:30 a.m.

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

Prossing - fracture
163X
Jacowitz
Other contributory causes of importance: 163

Name of operation _____ Date of _____
What test confirmed diagnosis? Physic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury 4/9, 1934

Where did injury occur? Lower part of back, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. at home

Manner of injury fall from
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____

(Signed) Vernie E. Yankee M. D.
(Address) 8413 - Lee's Summit, 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.

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