

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

Do not use this space.

23835

File No. 291

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Cole

Registration District No. 213

Township \_\_\_\_\_

Primary Registration District No. 3014

City Jefferson (No. St. Mary Hospital)

**2. FULL NAME**

Mrs. Gertrude Mary Brown

(a) Residence, No. 116 Lafayette 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Claude C. Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24 - 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
51 4 -

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

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) Platte Co. Mo.

13. NAME Mrs. Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte City Mo.

15. MAIDEN NAME Bessie Moore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Co. Mo.

17. INFORMANT Claude C. Brown  
(ADDRESS) J. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Reveries DATE July 26 - 1934

19. UNDERTAKER Hannichy Funeral Home  
(ADDRESS) J. C. Mo.

20. FILED July 26 1934 Superintendent  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 - 1934

22. I HEREBY CERTIFY That I attended deceased from 12 M. 7/20/34, 1934, to 10 P.M. 7/23/34, 1934.

I last saw her alive on 7/23/34, 1934. Death is said

to have occurred on the date stated above, at 1:30 A.M. 7/24/34

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

Intestinal Obstruction  
1278  
1279 / 29 a 2

Other contributory causes of importance:  
Ventral Hernia

Name of operation for Intest. Obst Date of 7/23/34  
What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 1934

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) W. H. Raubo, M. D.  
(Address) Jefferson 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.

AUG 10 1934

