

FEB 21 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

502

1. PLACE OF DEATH

County CedarRegistration District No. 163Township El Dorado SpringsPrimary Registration District No. 4095City El Dorado Springs

File No. _____

Registered No. 4

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. W. Brown6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9, 18757. AGE YEARS 59 MONTHS 4 DAYS 2 If LESS than 1 day, _____ hrs. _____ min.

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

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) Scotland Co mo13. NAME Lewis M. Bench14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ind.15. MAIDEN NAME Mary E. Loren16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland Co mo17. INFORMANT (ADDRESS) Julie Brasher18. BURIAL, CREMATION, OR REMOVAL PLACE Perco Spgs DATE Jan 13 193519. UNDERTAKER (ADDRESS) Geo W. Nais20. FILED 1-11-1935 J. W. Dawson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10 193522. I HEREBY CERTIFY That I attended deceased from Jan 9 1935, to Jan 9 1935I last saw him alive on Jan 9 1935 Death is said to have occurred on the date stated above, at 2:30 m.

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

Gastric Carcinoma

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) Ch. Sunderworth, D.O. M. D.(Address) El Dorado Springs, Mo.

NOTE.—Every item of information shown on this form is necessary for the purpose of determining the cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

