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

APR 1 1 1935

Do not use this space.

4862

1. PLACE OF DEATH
County DeKalb — Registration District No. 259
Township ~~Camden~~ — Primary Registration District No. 4158.
City Maysville (No. ..., ..., St. ..., Ward)
File No. ...
Registered No. ...

2. FULL NAME Mabel M. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9 1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	48	6	9	

OCCUPATION
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) DeKalb Co.

FATHER
13. NAME Frank Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER
15. MAIDEN NAME Harriett S VanMeter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Co. Ohio

17. INFORMANT James L. Brown
(ADDRESS) Maysville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Lawn Maysville DATE 2/20 35

19. UNDERTAKER U. G. Pilcher
(ADDRESS) Maysville Mo

20. FILED 2/19-35 19 Mrs. Hattie Gibson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby. 18, 35

22. I HEREBY CERTIFY, That I attended deceased from Aug., 12 1922 to Feby., 18 35
I last saw her alive on Feby., 18 1935 Death is said to have occurred on the date stated above at 3:40 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	10/12/34
Acute parenchymatous nephritis	
	?

Other contributory causes of importance:
Pyelitis chronic
Influenza

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external cause (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) [signature], M. D.
(Address) Maysville 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.