

OCT 2 2 1935

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

Do not use this space.

29742

1. PLACE OF DEATH

County Backson
Township Chaw
City Chanass city (No. 1903)

Registration District No. 339
Primary Registration District No. 1

File No. 3755
Registered No. 3755
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 1903 agnes 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 Geo. H. Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-15-1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
91 6 14 22

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

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) Missouri13. NAME Wm. L. Huston14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Wallace16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No. Carolina17. INFORMANT Ron E. Brown (ADDRESS) 1903 agnes18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo DATE Sept 30, 193519. UNDERTAKER A. P. Doshler (ADDRESS) 1415 East 1520. FILED Sept 30 19 35 M. M. Corove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1935, to Sept 29, 1935.
I last saw her alive on Sept 27, 1935. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Broncho-Pneumonia Date of onset 9-28-35

Other contributory causes of importance:

Arterio SclerosisName of operation None Date of _____What test confirmed diagnosis? Clinical 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? No

If so, specify _____

(Signed) W. R. Hunter, M. D.(Address) 1529 Teller St. Kansas 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.

Dr. W. R. Forster
1529 Lister
Phone. RC-2865