

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FEB 18 1936

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

Do not use this space.

737

1. PLACE OF DEATH

County Waller Registration District No. 247  
Township Wilson Primary Registration District No. 5343  
City Langston (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 1

2. FULL NAME Abigail 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm. J. McBrown</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 2 - 1851</u>				
7. AGE	YEARS <u>84</u>	MONTHS <u>9</u>	DAYS <u>7</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Data deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Columbus  
(STATE OR COUNTRY) Ohio

FATHER 13. NAME John McBrown

MOTHER 14. BIRTHPLACE (CITY OR TOWN) Waller  
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME John Brown

16. BIRTHPLACE (CITY OR TOWN) Waller  
(STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. M. B. Blodgett  
(ADDRESS) Langston Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Langston DATE 1-11-1936

19. UNDERTAKER R. B. Spruill  
(ADDRESS) Langston Mo

20. FILED 2-10-1936

D. D. Talbot Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 9 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1936 to Jan 9, 1936

I last saw her alive on Jan 6, 1936 Death is said to have occurred on the date stated above, at 2:30 a.m.

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

Cerebral Hemorrhage Date of onset \_\_\_\_\_

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? NI  
If so, specify \_\_\_\_\_

(Signed) J. P. Conway, M. D.  
(Address) Conway

