

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.

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

Do not use this space.

MAR 24 1936

1. PLACE OF DEATH

County Perry Registration District No. 659
Township George Homans Primary Registration District No. 5876
City (No.) St. Ward)

File No. 7114
22
Registered No. 22

2. FULL NAME

Margaret 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>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. G. Brown</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 5 - 1862</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hra. ormin.
	<u>73</u>	<u>4</u>	<u>9</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home work</u>			
	10. Date deceased last worked at this occupation (month and year)			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perry, Mo</u>		11. Total time (years) spent in this occupation <u>1</u>		
MOTHER	13. NAME <u>James Pashion</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
	15. MAIDEN NAME <u>Louisa Blomlock</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perry, Mo</u>				
17. INFORMANT <u>Carie Martin</u> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cross Roads</u> DATE <u>Feb 16</u> 19 <u>36</u>				
19. UNDERTAKER <u>Young & Fenwick</u> (ADDRESS) <u>Perryville Mo</u>				
20. FILED <u>Feb 16</u> 19 <u>36</u> <u>W. J. Mastian</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1936, to Feb 14 1936.
I last saw her alive on Feb 12 1936. Death is said to have occurred on the date stated above, at 110 m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 2-10-36
Hemiplegia
D. D. R.

Other contributory causes of importance:
Frozen Extremities Long existing 12-36
(Arterial Sclerosis)

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

Where did injury occur?

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 See W. J. Mastian M. D.
(Signed) W. J. Mastian M. D.
(Address) Perryville, Mo

APR 1944