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

OCT 20 1936

Do not use this space.

33718

1. PLACE OF DEATH
County: Buchanan,
Registration District No.: 85
Township:
Primary Registration District No.: 1001
City: St. Joseph, (No. 1109 Jackson St. Ward)
File No.:
Registered No.: 1187

2. FULL NAME: Isabella Brown,

(a) Residence, No. 1109 Jackson, St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 70 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Joseph Henry Brown,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb'y 18, 1854

7. AGE: Years 82 | Months 7 | Days 0 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeping,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home,
10. Date deceased last worked at this occupation (month and year): September 1936
11. Total time (years) spent in this occupation: 63

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City, Kansas,

FATHER

13. NAME: Samuel Priestley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Virginia,

MOTHER

15. MAIDEN NAME: Mary Owsley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Virginia,

17. INFORMANT: S. J. Brown
(ADDRESS) 1111 Jackson Street,

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St. Jo. Mem. Park DATE: Sept. 21, 1936

19. UNDERTAKER: Heaton-Bittle & Bowman
(ADDRESS) 319 So. 10th, St. Joseph, Mo.

20. FILED: Sept. 21, 1936 A. J. Neelebush
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 18th, 1936

22. I HEREBY CERTIFY, That I ~~attended~~ deceased from Sept. 21, 1936, to ....., 19.... I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 10:20 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

Other contributory causes of importance:
Uteri sclerosis

Name of operation: No Facts — Date of
What test confirmed diagnosis: Facts — Was there an autopsy? No

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) Forrest Thomas Coroner, M. D.
(Address) 731 Faraon