JAN 22 1937

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

Do not use this space.

45752

File No. 366

Registered No. 668

1. PLACE OF DEATH

County: Pettis — Registration District No. 668

Township: — Primary Registration District No. 3032

City: Sedalia (No. 18th & Limit St. Ward)

2. FULL NAME Ada Brownfield

(a) Residence, No. 18th & Limit 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	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: L.H.Brownfield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept.5,1871

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
65	3	12	

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): Penn.

FATHER

13. NAME: August Zentz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: DK

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DK

17. INFORMANT: L.H.Brownfield
(ADDRESS): Sedalia,Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mem.Park DATE: Dec.19 1936

19. UNDERTAKER: Gillespie Funeral Home
(ADDRESS): Sedalia,Mo.

20. FILED: Dec 19 1936 Jesse Stack
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec.17,1936. 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1936, to Dec 17, 1936

I last saw her alive on Dec 17, 1936. Death is said to have occurred on the date stated above, at 2:00 p.m.

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

Angina Pectoris — Date of onset 1932

Myocarditis

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? No

If so, specify:

(Signed) A. L. Walter, M. D.

(Address) Sedalia Mo.

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.