

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

Do not use this space.

FEB 29 1937

2627

1. PLACE OF DEATH

County Platte Registration District No. 698
Township Marshall Primary Registration District No. 5927
City Rowena (No. ?) St. ? Ward ?

File No.

Registered No.

2. FULL NAME

(a) Residence, No. Rowena Brown 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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James J. Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28 1884

7. AGE YEARS 82 MONTHS 7 DAYS 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Atchison County, Kansas

13. NAME Abraham Buford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atchison County, Kansas

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT James J. Brown Jr. (ADDRESS) Dearborn

18. BURIAL, CREMATION, OR REMOVAL PLACE Judy Cemetery DATE Feb 2, 1937

19. UNDERTAKER Fleming & Son Inc. (ADDRESS) St. Joseph, Mo.

20. FILED 2/7 1937 J.P. Boyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31 1937

I HEREBY CERTIFY, That I attended deceased from Jan. 28 1937, to Jan. 31 1937

I first saw her alive on Jan 31 1937 Death is said to have occurred on the date stated above, at 2 P. m.

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

Lobar Pneumonia Date of onset 1-28-37

Other contributory causes of importance:

Name of operation ? Date of ?

What test confirmed diagnosis? ? 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? ?
If so, specify ?

(Signed) W. P. Bushman, M. D.

(Address) Dearborn, 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.

