

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

Do not use this space.

MAY 15 1937

15130

1. PLACE OF DEATH

County Jackson
Township Kaw
City Keosauqua

Registration District No. 399
Primary Registration District No. 1002
(No. Gen Hosp No 2)

File No. 1673
Registered No. 1673
St. _____ Ward _____

2. FULL NAME

Annie May Brown

(a) Residence, No. 1103 - Woodland 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1912

7. AGE YEARS 24 MONTHS 9 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) Windsor Mo

FATHER 13. NAME John Reed

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Rosa B. Brown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calhoun Mo

17. INFORMANT (ADDRESS) Rosa A. Blackburn 1103 Woodland

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE 4/9/37

19. UNDERTAKER (ADDRESS) Esteban Bill 1811 E 12th St

20. FILED Apr 8, 1937 M. M. Cronin Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-11-37 1937

22. I HEREBY CERTIFY That I attended deceased from _____, 19____

I last saw him _____ on _____, 19____ Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows: Slab wound of the chest Date of onset 1937

Myocardium

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis _____ Was there an autopsy? Yes

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide Date of injury 4/10/37

Where did injury occur? 1103 Woodland St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury slab wound with sharp instrument

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) [Signature] _____ M. D.

(Address) [Signature] _____

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.

