JAN 20 1938

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

Do not use this space.

1. PLACE OF DEATH
County: Lin
Township: N. Benton
City: Bevington (No. ..... St. ..... Ward)

Registration District No. 497
Primary Registration District No. ~~1300~~ 5661

File No. 45916
Registered No. 22

58

2. FULL NAME: Mary E 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: Fmale
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: John J. Brown Dec'd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr 25-1854

7. AGE: Years 83 | Months 6 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 24
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: a

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tuttsville Iowa

FATHER
13. NAME: Joseph Nevins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fulton Mo

MOTHER
15. MAIDEN NAME: Elizabeth Finch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lin Co Mo

17. INFORMANT (ADDRESS): W H Brown

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bry Branch DATE: Dec 6 1937

19. UNDERTAKER (ADDRESS): Hunter & Kalmie Bmsfield

20. FILED: Dec 8, 1937 Mrs. Lila Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937, to Dec 4, 1937
I last saw h.e.r. alive on Dec 1, 1937 Death is said to have occurred on the date stated above, at 2:20 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	

Other contributory causes of importance:
1 Arterial Hypertension
1 Herpes Zoster

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? .....
If so, specify .....

(Signed) Gilbert H Thayer, M. D.
(Address) Purdin, 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.