

REC'D APR 12 1938

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

Do not use this space.

1. PLACE OF DEATH

County *Johnson*Township *Post Oak*City *Concordia*Registration District No. *5586*Primary Registration District No. *4256*File No. *11196*Registered No. *430*

St. _____

Ward _____

2. FULL NAME *Alice S. Brown 650*

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(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 *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 *Geo. J. Brown*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *9-24-1858*

7. AGE

YEARS *79*MONTHS *6*DAYS *12*

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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 *Life*12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pittsburgh Pennsylvania*13. NAME *Ann Bairbagen*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *England*15. MAIDEN NAME *Mary Brown*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *England*17. INFORMANT (ADDRESS) *C. J. Brown Concordia, Mo*18. BURIAL, CREMATION, OR REMOVAL PLACE *Concordia, Mo 4-7-1938*19. UNDERTAKER (ADDRESS) *Harrison J. Home Clinton, Mo*20. FILED *Apr 8, 1938**Annabel Reynolds*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 6, 1938*22. I HEREBY CERTIFY, That I attended deceased from *3-25-38*, 19³⁸, to *4-5-38*I last saw him alive on *3-30-38* Death is saidto have occurred on the date stated above, at *2:30 AM*

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

*Ch. Myocarditis*Date of onset *?*Other contributory causes of importance: *attention*

Name of operation _____ Date of _____

What test confirmed diagnosis? *Physical* 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) *A. F. M. M. M.*(Address) *W. W. W. W. W.*

M. D.

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.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

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