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.

100M-3-28-35

REC'D DEC 19 1938

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

Do not use this space.

40016

1. PLACE OF DEATH
County Pettis
Township
City Sedalia, (No. , St: Ward)

Registration District No. 668
Primary Registration District No. 3032

File No. 322
Registered No. 668

2. FULL NAME Mrs. Minnie Bell Brown
(a) Residence, No. 817 East 5th 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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 2, 1920

7. AGE: YEARS 18 | MONTHS 8 | DAYS 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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. Housewife
10. Date deceased last worked at this occupation (month and year) Oct. 15, '38
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Beaman, Missouri

FATHER
13. NAME: Robert M. Scott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Beaman, Missouri

MOTHER
15. MAIDEN NAME: Mary Bell Manley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Longwood, Missouri

17. INFORMANT (ADDRESS): Ellis Brown, Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Crown Hill DATE: 11/10/38, 19

19. UNDERTAKER (ADDRESS): Duane Ewing, Sedalia, Mo.

20. FILED 11-10-, 1938 Jesse Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1938, to Nov 7, 1938
I last saw her alive on Nov. 7, 1938 Death is said to have occurred on the date stated above, at 11:00 P.m.
The principal cause of death and related causes of importance were as follows:

Streptococcic meningitis
streptococcic septicaemia
following a cellulitis of the face
due to squeezing a pimple

Date of onset

Other contributory causes of importance:
Secondary anemia

Name of operation: N/A 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? no
If so, specify
(Signed) O. Gordon Stauffacher, M. D.
(Address) Sedalia Missouri

Dr. Stauffacher

RECEIVED
District Health Officer No. 8,
District File Number 12/7/38
Date Filed