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

Do not use this space.

44975

1. PLACE OF DEATH
County Webster — Registration District No. 897 — File No.
Township Finley — Primary Registration District No. 6101 — Registered No. 28
City (No. , St. Ward)

2. FULL NAME 650 Sadie 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: 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 1864

7. AGE: YEARS 75 — MONTHS 7 — DAYS 17 — If LESS than 1 day, hrs. or min.

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

FATHER
13. NAME Zachria Parmer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mot Known

MOTHER
15. MAIDEN NAME ✓
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓

17. INFORMANT (ADDRESS) Don M Brown Peoria Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Masonic Cemetery DATE 12-3 1939

19. UNDERTAKER (ADDRESS) McMahan & Watson Seymour Mo

20. FILED 12/2 1939 R E McMahan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-, 1926 to 12-2, 1939
I last saw her alive on 12-1, 1939 Death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Anemia	
Pernicious	
7/N	

Other contributory causes of importance:
Arterio-sclerosis.

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) E. G. Beers, M. D.
(Address) Seymour Mo

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.

20M-2-19-36 1 X7294

RECEIVED
District Health Officer No. 6,
District File Number 140-76
Date Filed JAN 8 1940