

JAN 22 1929

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

Do not use this space.

40044

1. PLACE OF DEATH

County Dallas
Township Wilson
City Elizabethton

Registration District No. 247
Primary Registration District No. 5343

File No.
Registered No. 14 St. Ward)

2. FULL NAME

Elisabeth Ann 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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Matt Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1 - 1841

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 6 24

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Dallas Co.
(STATE OR COUNTRY)

10. NAME OF FATHER Jim Peterson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jenn.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Juba Martin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill
(STATE OR COUNTRY)

14. INFORMANT (Address) J.M. Brown
Long Lane Mo

15. FILED Jan 12 1929 REGISTRAR J. Balbo

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 25 1928

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
No Physician in attendance
I think extreme age and
senile debility cause
162 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 164 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH:

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) J. Balbo M.D.

, 19 (Address) Long Lane Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Resgar Church 12-26-28

20. UNDERTAKER ADDRESS

Jock Newport Buffalo 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.

