

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

Do not use this space.

19107

1. PLACE OF DEATH

County Gentry
Township _____
City Albany (No. _____)

Registration District No. 309
Primary Registration District No. 4185

File No. _____
Registered No. 29
St. _____ Ward _____

2. FULL NAME Julia A. Brouse

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Israel Brouse
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 13-1850
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 10 0

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) Iowa

10. NAME OF FATHER Wm Sweeney

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

12. MAIDEN NAME OF MOTHER Ellen Gartin

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

14. INFORMANT Mrs. Paul Gregory
(Address) Albany Mo.

15. June 30 1920 W. Martin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13 1930
17. I HEREBY CERTIFY, That I attended deceased from June 2, 1929, to June 13, 1930, that I last saw him 21 alive on June 12, 1930, and that death occurred, on the date stated above, at 4 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paralysis agitans

8713 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 8413 (duration) yrs. mos. ds.

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

4 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) W. Martin, M. D.
June 30, 1930 (Address) Albany 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 Highland DATE OF BURIAL June 15 1930

20. UNDERTAKER A. J. Bare ADDRESS Albany

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS SHOULD STATE TO WHAT SPECIALTY THEY BELONG.

2

