

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

Do not use this space.
32386

NOV 27 1930

1. PLACE OF DEATH

County Clay
Township Gallatin
City (No.)

Registration District No. 197
Primary Registration District No. 5276

File No.
Registered No. 55
St. Ward

2. FULL NAME

Laura Jane Brown

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

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

James F. Brown

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

Feb-26-1889

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
41	7	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) (STATE OR COUNTRY)

Bowling Green, Kentucky

10. NAME OF FATHER

Joseph Patton

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

Don't know

12. MAIDEN NAME OF MOTHER

Don't know

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

Don't know

14.

INFORMANT James F. Brown
(Address) Platte City, Mo.

15.

FILED 1023 1930 GR 1999
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 22 1930

17. I HEREBY CERTIFY, That I attended deceased from OCT. 17, 1930, to OCT. 22, 1930, that I last saw her alive on OCT. 22, 1930, and that death occurred, on the date stated above, at 12:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

ACUTE DILATATION OF HEART.

170

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) ACUTE NEPHRITIS

(duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

128
IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS PHYSICAL AND LABORATORY

(Signed) Maclay Lyon, M. D.

OCT. 23, 1930 (Address) 5075 HURBERT BLDG. BETHLEHEM CITY, 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

Platte City Cemetery 10-24-1930

20. UNDERTAKER

ADDRESS

L. F. Rollins Platte City, Mo.

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.

