MAR 23

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

Do not use this space.

85

4663

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No.

Township — Primary Registration District No. — Registered No. 194

City St. Joseph, (No. 1804 Faraon St. Ward)

2. FULL NAME Ella Offutt Brown,

(a) Residence. No. 1804 Faraon St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 22, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	69	11	24	

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

9. BIRTHPLACE (CITY OR TOWN) Georgetown,
(STATE OR COUNTRY) Kentucky,

PARENTS
10. NAME OF FATHER Marcellus Polk,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Georgetown,
(STATE OR COUNTRY) Kentucky,
12. MAIDEN NAME OF MOTHER Ella Samuel,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Georgetown,
(STATE OR COUNTRY) Kentucky,

14. INFORMANT Mrs Lillie B. Coates
(Address) 1804 Faraon Street,

15. FILED Feb 8 1931 John C. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 16. 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1930, to Feb 16 1931, that I last saw her alive on, 19, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris with Sclerosis of Coronary Artery 9 yrs
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) occlusion of Coronary artery & heart failure (duration) yrs. 2 minutes mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? History + Physical
(Signed) H. Humphrey, M.D.
2/17, 1931 (Address) 1205 Charles St Joseph

*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
Mount Mora Cemetery,	Feb'y. 18 31
20. UNDERTAKER	**ADDRESS**
Heaton-Bogle-Bowman	319 S. 10 St.

Funeral Home

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.