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.

DEC 21 1931

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

Do not use this space.

36973

1. PLACE OF DEATH

County Buchanan — Registration District No. 86 — File No. 64

Township Washington — Primary Registration District No. 5127 — Registered No.

City ..... (No. 1 Mi.No.of City on No.3rd.St.Road St. ..... Ward)

2. FULL NAME Etta V.Brownlee

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar,14,1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	60	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

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) Doniphan Co. Ks.

FATHER

13. NAME Richard Cox

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ind.

MOTHER

15. MAIDEN NAME Mary Glasscox

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ark.

17. INFORMANT (ADDRESS) John R.Brownlee No.3rd.St.Road.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Cemetery DATE Nov.4,1931 ,19

19. UNDERTAKER (ADDRESS) Walter Maeckhoffer 1302 Faraon St. St.Joseph,Mo.

20. FILED Nov 4 ,1931 J J Banchard Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov,2,1931 ,19

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 ,1931, to Nov 2 ,1931
I last saw her alive on Nov 1 ,1931 Death is said to have occurred on the date stated above, at 10.05 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	0
130	
131	

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify .....
(Signed) J W Mays M D , M. D.
(Address) Kirkpatrick Bldg, St. Joseph, Mo.