

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

Do not use this space.

1. PLACE OF DEATH

County Rochester Registration District No. 85

Township St. Joseph Primary Registration District No. 1001

City St. Joseph (No. 31st & Olive St) St. _____ Ward _____

2. FULL NAME

Malinda Ann Brown

(a) Residence, No. 31st & Olive St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

28578

File No. _____

Registered No. 938

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-11-1838

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 94 3 17

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

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) Union Co Mo Missouri

13. NAME Geo. Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va

15. MAIDEN NAME Matilda Coke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No. Carolina

17. INFORMANT (ADDRESS) Gene Galbraith 31st & Olive

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount G DATE 9/30

19. UNDERTAKER (ADDRESS) Sturgley & Stacey 218 26 10th

20. FILED 9-30 1932 John Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 28, 1932

22. I HEREBY CERTIFY, that I attended deceased from Aug 6 to Sept 28, 1932

I last saw her alive on Sept 14, 1932. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis Date of onset _____

Chronic Nephritis

Other contributory causes of importance: Arteriosclerosis general

hypertension due to atherosclerosis of the aorta

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) R. E. Baughman M. D.

(Address) 211 Kildgwick Bldg

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.

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