

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 19 1936

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

Do not use this space.

1010

1. PLACE OF DEATH

County Bundy
Township Taylor
City Brunswick (No. St. Ward)

Registration District No. 328
Primary Registration District No. 5464

File No.
Registered No.

2. FULL NAME

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

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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 1936

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

22. I HEREBY CERTIFY That I attended deceased from Jan 1 1936, to Jan 13 1936.
I last saw her alive on Jan 4 1936. Death is said to have occurred on the date stated above, at 40 m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 13 - 1853

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 3 0

Organic Valvular Disease of the Heart

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

Chronic Interstitial Nephritis

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) 1 year

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Mo.

13. NAME David Hamm

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Ohio

15. MAIDEN NAME Frances Flehman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Ohio

17. INFORMANT (ADDRESS) And Bluckins Brunson

18. BURIAL, CREMATION, OR REMOVAL PLACE FOOM Cemetery DATE Jan 15 1936

19. UNDERTAKER (ADDRESS) W. H. Dimes

20. FILED Jan - 14 1936 Irene D. Fair Registrar.

Other contributory causes of importance: Chronic Interstitial Nephritis several years

Name of operation: Medical Date of: 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)

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. R. Reaks M. D. (Address) Brenton Mo

