

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

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

Do not use this space.

SEP 25 1936

31753

1. PLACE OF DEATH

County Montgomery
 Township Montgomery
 City Montgomery City

Registration District No. 592
 Primary Registration District No. 3790

File No.
 Registered No. 26
 St. Ward)

2. FULL NAME Mrs Hattie Louise Brose

(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 7 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) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/24/36 1936

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

22. I HEREBY CERTIFY, That I attended deceased from March 14 1936 to Aug 24 1936
 I last saw her alive on July 30 1936 Death is said to have occurred on the date stated above, at 3:00 pm
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 th 1865
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 7 29

Pericardial Anemia c
Generalized Arteriosclerosis
Carcinoma of Colon
 Date of onset 1935
1933

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

Other contributory causes of importance: Neuritis HP

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

Name of operation none Date of
 What test confirmed diagnosis? none Was there an autopsy? no

MOTHER FATHER 13. NAME George Uhlig
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

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.

MOTHER FATHER 15. MAIDEN NAME Un Known
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT F. W. Gerding
 (ADDRESS) Montgomery City Mo

Manner of injury
 Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Warrenton Cem DATE 8/26/36 1936

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify

19. UNDERTAKER C. W. Hopkins
 (ADDRESS) Montgomery City Mo

(Signed) E. J. Anderson, M. D.
 (Address) Montgomery City, Mo

20. FILED Aug 25 1936 Bull Memphis
 Registrar.

