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

LEO OCT 20 1939

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

Do not use this space.

32614

OCT 12 1939

1. PLACE OF DEATH
County: Jackson
Township: Sni-a-bar
City: (No. St. Ward)
Registration District No.: 3 7 5
Primary Registration District No.: 5 5 5 1 A
File No.:
Registered No.:

2. FULL NAME: Mary Maurine Brown
(a) Residence, No. 50 Lafayette Blue Springs, Mo Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 2 mos. 3 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Wm R. Brown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 18, 1868
7. AGE: Years 71 Months 1 Days 0 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home
10. Date deceased last worked at this occupation (month and year): Jan. 1939
11. Total time (years) spent in this occupation: 51

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pleasant Hill, Mo

FATHER
13. NAME: J. C. Boden
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marion Ohio

MOTHER
15. MAIDEN NAME: Dot Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

17. INFORMANT (ADDRESS): Mrs. Kathryn Curran
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Moriah DATE: Sept. 20, 1939
19. UNDERTAKER (ADDRESS): Lane & McCollum Lee's Summit Mo
20. FILED Oct. 9, 1939. F. W. Little Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 18, 1939
22. I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1939 to Sept. 18, 1939
I last saw her alive on Sept. 13, 1939. Death is said to have occurred on the date stated above, at 3:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	9-1-39
121	
Other contributory causes of importance:	
Bronchial Pneumonia, Chr.	9-17-39
Nephritis Chronic	1936

Name of operation: — Date of: —
What test confirmed diagnosis? Physical O. 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) W. E. Roy, M. D.
(Address) Blue Springs Mo

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