

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

Do not use this space.

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**1. PLACE OF DEATH**

County Marion Registration District No. 29  
Township Fleet Creek Primary Registration District No. 5038  
City near Cassville (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward)

File No. \_\_\_\_\_  
Registered No. 10-11  
St. \_\_\_\_\_ (Ward)

**2. FULL NAME**

Mrs. Mattie Brown  
(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) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-22-1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

17. I HEREBY CERTIFY, That I attended deceased from 1/21 to 1-22, 1930  
that I last saw him alive on 1-21 1930 and that death occurred, on the date stated above, at 9:15 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 15 1844

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
86 no 7

Chronic Sclerosis  
9/10 97 11/2  
(duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

CONTRIBUTORY (SECONDARY) Smoking  
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) OTC  
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

10. NAME OF FATHER Mr. Blagg

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS Cholesterol  
(Signed) L.A. Keenan, M. D.  
, 19 1930 (Address) Cassville Mo.

12. MAIDEN NAME OF MOTHER \_\_\_\_\_

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT (Address) Red Starbois

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Home DATE OF BURIAL 1-24 1930

15. FILED Feb 28 1930 Mrs. H. R. Williams REGISTRAR

20. UNDERTAKER Home Fun. Socy ADDRESS Cassville

Exact statement of OCCUPATION is to be stated EXACTLY. PHYSICIAN should be stated EXACTLY. Every item of information should be stated in plain terms, so that it may be readily understood.

PARENTS

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