

OCT 31 1930

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

Do not use this space.

23983-a

1. PLACE OF DEATH

County Ray
Township Central
City Hardin (No.) St. Ward)

Registration District No. 740
Primary Registration District No. 4442

File No.
Registered No. 19

2. FULL NAME

Bessie Norrene 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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 1, 1904

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
26 3 26

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) Housewife
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Norborne Mo

10. NAME OF FATHER Will Lewis

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

12. MAIDEN NAME OF MOTHER Marie Gordon

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

14. INFORMANT Mrs Marie Lewis
(Address) Hardin Mo

15. FILED Oct 10 1930 Jno W. Knipschild
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 26 1930

17. I HEREBY CERTIFY, That I attended deceased from July 23, 1930, to July 26, 1930, that I last saw him alive on July 25, 1930, and that death occurred, on the date stated above, at 3:00 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis
mitral Regurgitation
921
933 (duration) 3 yrs. mos. ds.
577 CONTRIBUTORY Articular Rheumatism
(SECONDARY) (duration) 2 yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Carl H Reed, M. D.

, 19 (Address) Hardin

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hardin Cem DATE OF BURIAL July 28 1930

20. UNDERTAKER Jno W. Knipschild ADDRESS Hardin Mo

PARENTS' SIGNATURE

