

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

Do not use this space.

20558

**1. PLACE OF DEATH**

89 County Way Registration District No. 744  
 Township West Primary Registration District No. 5976B  
 City Henrietta (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 47

**2. FULL NAME**

Ms Margaret Ann 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<br><u>Female</u>  | 4. COLOR OR RACE<br><u>White</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widow</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____               |  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 6<sup>th</sup> 1889</u>          |  |   |
| 7. AGE   | YEARS<br><u>72</u>   | MONTHS<br><u>6</u>  |
|  | DAYS<br><u>13</u>  | If LESS than 1 day, _____ hrs. or _____ min.                              |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>c</u> |   |
|  | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>c</u>          |   |
|  | 10. Date deceased last worked at this occupation (month and year) <u>c</u>                           |   |
| 11. Total time (years) spent in this occupation <u>c</u>                         |  |   |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OF COUNTRY) <u>Dubuque Iowa<sup>2</sup></u> |  |   |
| FATHER   | 13. NAME <u>Andrew Single</u>  |   |
|  | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland<sup>15</sup></u>                         |   |
| MOTHER   | 15. MAIDEN NAME <u>Sarah M. Hartland</u>   |   |
|  | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland<sup>8</sup></u>                          |   |
| 17. INFORMANT (ADDRESS) <u>Earl Phillips Henrietta Mo.</u>                       |  |   |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>City Cem.</u> DATE <u>6-20-32</u>     |  |   |
| 19. UNDERTAKER (ADDRESS) <u>A.W. Mansur Richwood Mo.</u>                         |  |   |
| 20. FILED <u>7-9</u> 19 <u>32</u> <u>E.E. Gay</u> Registrar                      |  |   |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19<sup>th</sup> 1932

22. I HEREBY CERTIFY That I attended deceased from May 22, 1932, to June 19, 1932  
 I last saw him alive on June 18, 1932 Death is said to have occurred on the date stated above, at 5:0 p.m.  
 The principal cause of death and related causes of importance were as follows:  
87A  
97  
Choked Hemorrhage  
Stroke  
 Other contributory causes of importance: 1  
arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) E. J. M. Young, M. D.  
 (Address) Richwood

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

7 1932

