

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

4326
 Do not use this space.

1. PLACE OF DEATH
 (a) County Shelby Registration District No. 830
 (b) Township Saltriver Primary Registration District No. 4503 Registered No. 3-
 (c) City Shelbina (d) Street No. 6
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Vina Aldula Brown 650
 (a) Residence, No. 650 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 2nd 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	66	3	12	

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

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Shelbina Mo (STATE OR COUNTRY)

FATHER 13. NAME Seley Goodwin Butler

14. BIRTHPLACE (CITY OR TOWN) Penn (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Juda Carpenter

16. BIRTHPLACE (CITY OR TOWN) Perry Ill (STATE OR COUNTRY)

17. INFORMANT Seley G. Butler Jr (ADDRESS) 1815 S. Main St, Shelbina, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Shelbina Cem DATE Jan 16 38

19. FUNERAL DIRECTOR E. Hayes (ADDRESS) Shelbina Mo

20. FILED Jan 16, 1938 Ruth Jayner Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 14 38

22. I HEREBY CERTIFY That I attended deceased from Jan 10 38 to Jan 14 38
 I last saw deceased alive on Jan 14 38 Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Strangulated Inguinal Hernia Date of onset

Other contributory causes of importance:

Name of operation Herniotomy Date of 1-11-38
 What test confirmed diagnosis clinical & pathologic 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) J. A. Jernick, M. D.
 (Address) Shelbina, Missouri

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.

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, E. Hayer, Licensed Embalmer No. 1437

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed E. Hayer
Licensed Embalmer No. 1437

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)