

REC'D MAR 15 1938

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1

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

6581

Do not use this space.

1. PLACE OF DEATH

(a) County Daviess Registration District No. 248
 (b) Township Liberty Primary Registration District No. 5344 Registered No.
 (c) City (d) Street No. St.
 (e) Length of residence in city or town where death occurred 5 yrs. 0 mos. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dewey Franklin Brown 650

(a) Residence, No. Daviess County 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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3, 1905

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
32 11 16

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

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

10. Date deceased last worked at this occupation (month and year) Nov. 1936 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Daviess Co., 0
 (STATE OR COUNTRY) Missouri 0

FATHER 13. NAME Ellory Brown 0
 14. BIRTHPLACE (CITY OR TOWN) Daviess Co., 0
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Alice Long
 16. BIRTHPLACE (CITY OR TOWN) Daviess Co.,
 (STATE OR COUNTRY) Missouri

17. INFORMANT Will Stevens
 (ADDRESS) R. F. D. 4 Gallatin, Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Brown Cemetery DATE Feb. 21 1938

19. FUNERAL DIRECTOR (NAME) Hope Furn. & Und. Co
 (ADDRESS) Gallatin, Mo.

20. FILED 22, 1938
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 19 193822. I HEREBY CERTIFY, That I attended deceased from Feb 1938, to Feb 9, 1938I last saw him alive on Feb. 9, 1938. Death is saidto have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Tumor on brain, Right lobe
Was operated

Date of onset

Other contributory causes of importance: 54

Name of operation for tumor Date of May 37
 What test confirmed diagnosis? 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 1938
 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? noIf so, specify L. R. Doolin, M. D.(Address) Gallatin Mo.

574 AT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

L. O. Richesson

, or by

Registered Apprentice No....., working under my personal supervision

Signed L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Gallatin

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

If this body is not embalmed, above space should be left blank.

117.0
1.81
1.81
117.0

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH
(a) County Dainess Registration District No. 248
(b) Township Liberty Primary Registration District No. 3344 Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Dewey Franklin Browne
(a) Residence, No. _____ 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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Wed
(write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 11 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) (STATE OR COUNTRY) _____

FATHER 13. NAME _____
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

FUNERAL DIRECTOR (ADDRESS) _____

FILED _____ 19 _____ Local Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19 1938

22. I HEREBY CERTIFY, That I attended deceased from 19____ to 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Just on brain right side was operated on
Nov 22 - 1938
for tumor
Date of onset _____

Other contributory causes of importance: _____

Name of operation for tumor 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? _____

If so, specify _____ (Signed) L. R. Deakin, M. D.

(Address) Ballwin mo

SUPPLEMENTARY

