

REC'D MAY 13 1938

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

14004
Do not use this space.

1. PLACE OF DEATH *Boone*
 10 (a) County *Boone* Registration District No. *78*
 5 (b) Township *Rockport* Primary Registration District No. *4046* Registered No. *3*
 0 (c) City *Rockport* (d) Street No. _____ (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 *Missouri Francis Brown* *650*
 (a) Residence, No. *Rockport* 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 *Female* 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 *John H Brown*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 2 1861*

7. AGE YEARS *77* MONTHS *0* DAYS *8* If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 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. *Housewife*
 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) *Howard Co Mo*

FATHER 13. NAME *Hampton Ward*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Howard Co Mo*

MOTHER 15. MAIDEN NAME *Mollie Van Horn*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Howard Co Mo*

17. INFORMANT *Mrs Beane Brown* (ADDRESS) *Columbia Mo*

18. BURIAL ~~CREMATION OR REBURY~~ *Howard Co* PLACE *Big Springs* DATE *April 12 1938*

19. FUNERAL DIRECTOR *R. O. Willett* (ADDRESS) *Columbia Mo*

20. FILED *4-20-38* *Mary M Ingell* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 10th 1938*

22. I HEREBY CERTIFY, That I attended deceased from *April 6 - 1938*, to *April 10, 1938*
 I last saw him alive on *April 9 - 1938*. Death is said to have occurred on the date stated above, at *2:30 P.M.*
 The principal cause of death and related causes of importance were as follows:
Chronic Arteriosclerosis High Blood Pressure Date of onset *3 yrs*

Other contributory causes of importance: *Influenza*

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?
 If so, specify _____
 (Signed) *H. E. Ingell*, M. D.
 77 (Address) *Rockport Mo*

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Lyman H. Sprinkle, Licensed Embalmer No. 4013
hereby certify that the body recorded on the reverse side of this certificate was embalmed by L. H. Sprinkle
..... L. E.

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

Signed Lyman H. Sprinkle
Licensed Embalmer No. 4013

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.)