

REC'D MAY 18 1938

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

14187  
Do not use this space.

1. PLACE OF DEATH  
(a) County Callaway Registration District No. 104  
(b) Township Fulton Primary Registration District No. 3008 Registered No. 86  
(c) City Fulton (d) Street No. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred 0 yrs. 9 mos. 13 ds. (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(f) How long in U. S., if of foreign birth? yrs. mos. ds. \_\_\_\_\_

2. PRINT FULL NAME Cyrus H. Brown  
(a) Residence, No. Verhailer, Mo. St.  (If nonresident, give city or town and State)

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 D.K.  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4, 1865  
7. AGE YEARS 72 MONTHS 9 DAYS 1  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
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. D.K.  
10. Date deceased last worked at this occupation (month and year) D.K.  
11. Total time (years) spent in this occupation D.K.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co. Mo.

FATHER  
13. NAME Cyrus C. Brown  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER  
15. MAIDEN NAME Sophia Wilson  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.

17. INFORMANT (ADDRESS) Hoop. Records Fulton, Mo.  
18. BURIAL, CREMATION, OR REMOVAL Hopewell cemetery 1938  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. F. Tidwell  
Derby, Mo.  
20. FILED Apr 16 1938 W. F. Tidwell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 5, 1938  
22. I HEREBY CERTIFY, That I attended deceased from Mar. 24, 1938, to Apr. 5, 1938  
I last saw him alive on Apr. 5, 1938 Death is said to have occurred on the date stated above, at 7:57 a.m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis with Acute Cardiac Failure  
Date of onset D.K.  
Other contributory causes of importance Chronic Nephritis D.K.

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) J. R. Thelley, M. D.  
Fulton, 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.

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**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, .....

....., or by .....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

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