

REC'D JUN 11 1938

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

22228  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Laclede Registration District No. 449  
 (b) Township Sehanon Primary Registration District No. 4267  
 (c) City Sehanon (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 Lilly Mae Brown 650  
 (a) Residence, No. Sehanon, Mo. 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 Louis Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3, 1883

7. AGE YEARS 55 MONTHS 1 Days 3 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co. Missouri  
 13. NAME Tom Burkes  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Sarah James  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Gora Weddle Sehanon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sehanon Mo DATE June 6, 1938

19. FUNERAL DIRECTOR (ADDRESS) W. E. Holman Sehanon Mo.

20. FILED 6-6-38 J. R. McCouin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1918, to June 5, 1938  
 I last saw her alive on June 11, 1938. Death is said to have occurred on the date stated above, at 6 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Barium in stomach  
Hip

Date of onset 1937

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? X Ray 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 \_\_\_\_\_, 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) H. A. Hamilton, M. D.  
 (Address) Sehanon, Mo.

STATEMENT BY LICENSED EMBALMER

I, Carl W. Hause, Licensed Embalmer No. 3955

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

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Carl W. Hause

Licensed Embalmer No. 3955

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