

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.

REC'D AUG 23 1938

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

24877
 Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104
 (b) Township Fulton Primary Registration District No. 3028 Registered No. 169
 (c) City Fulton (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 1 yrs. 11 mos. 27 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Alvin Taylor Brown 650
 (a) Residence, No. Foristell, 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15, 1880

7. AGE YEARS 57 MONTHS 7 DAYS 19 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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chester Ill.

FATHER 13. NAME James Newton Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

MOTHER 15. MAIDEN NAME Mary Jane Crittenden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

17. INFORMANT (ADDRESS) Hosp. Records Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Methodist Cemetery July 5, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sweeney Bros 3934 N. 20th St. St. Louis, Mo.

20. FILED July 5, 1938 A. N. Crews Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1938 to July 4, 1938
 I last saw him alive on July 4, 1938. Death is said to have occurred on the date stated above, at 12:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Heart Disease with Hypertension Date of onset 1912

Other contributory causes of importance: Fracture of Femur Heat Exhaustion

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? Accident Date of injury May 19, 1938
 Where did injury occur? on Ward, State Hosp. # 1 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
State Hospital # 1 Fulton, Mo.
 Manner of injury Accidental Fall on Floor
 Nature of injury Fracture Right Femur

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) Jas. R. Mulkey, M. D.
Fulton, Mo. (Address)

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,

Geo P Schubert

....., or by

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

Signed

Geo P Schubert

Licensed Embalmer No. *2212*

P. O. Address *5118⁹ N. King st*

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.