

REC'D AUG 24 1938

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

25015  
Do not use this space.

1. PLACE OF DEATH

(a) County Cedar Registration District No. 165  
(b) Township Linn Primary Registration District No. 5231  
(c) City Stockton (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

Martha Susan Brown

(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 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 W. R. Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 15, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 4 7

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) Stockton  
(STATE OR COUNTRY) Cedar Co.

13. NAME J. P. Bacon  
14. BIRTHPLACE (CITY OR TOWN) Rome Co.  
(STATE OR COUNTRY)

15. MAIDEN NAME Marinda Hembree  
16. BIRTHPLACE (CITY OR TOWN) Rome Co. Tenn.  
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Georgia Brown  
Stockton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stockton DATE 7-23 1938

19. FUNERAL DIRECTOR (NAME) W. C. DAVIS & CO.  
(ADDRESS) Stockton, Mo.

20. FILED July 23 1938 Mrs. W. A. Brown  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-24, 1938, to 7-25, 1938  
I last saw him alive on 7-21, 1938 Death is said to have occurred on the date stated above, at 6:15 a.m.  
The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
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? no  
If so, specify \_\_\_\_\_

(Signed) J. L. Leavelle M. D.  
156 (Address) Stockton, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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, .....

Melvin Church .....

or by .....

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

Signed.....

Licensed Embalmer No. 3272.....

P. O. Address Stockton, Mo......

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

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