

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

25927
 Do not use this space.

REC'D AUG 25 1938

1. PLACE OF DEATH
 (a) County Mississippi Registration District No. 576
 (b) Township Franklin Primary Registration District No. 3030
 (c) City Charleston (d) Street No. _____ 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 Sarah Norton Brown 65-0
 (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 F 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Brown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20 1879
 7. AGE YEARS 59 MONTHS 3 DAYS 17 IF LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 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) (STATE OR COUNTRY) Unknown Ky.
 FATHER 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT (ADDRESS) Hella Spears
Charleston, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery DATE July 9 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Tracy Pitt Funeral Home
Charleston, Mo.
 20. FILED 7-9-38 Local Registrar. 570

MEDICAL CERTIFICATE OF DEATH 6 P.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 1938
 22. I HEREBY CERTIFY, that I attended deceased from April 15 1938 to July 7 1938.
 I last saw her alive on July 7 1938. Death is said to have occurred on the date stated above, at 6:00 P.M.
 The principal cause of death and related causes of importance were as follows:
Cancer of the uterus carcinoma
 Date of onset know
 Other contributory causes of importance: H&A
None
 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 _____, 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
 (Signed) C. C. Presnell, M. D.
 (Address) Charleston, 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.

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,

Thomas C Bass

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Thomas C Bass

Licensed Embalmer No.

3977

P. O. Address

Charleston Mo.

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.