

DEPT SEP 16 1938

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

28158
Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 4
 (b) Township _____ Primary Registration District No. 3001
 (c) City Kirksville, Mo. (d) Street No. Erwin-Smith Hospital Registered No. 144
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Delena Alma Brown

(a) Residence, No. Leonard, Missouri St. Leonard, Missouri
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Leo Brown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1913
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
25 2 1
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeping
 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) August 1938 11. Total time (years) spent in this occupation 7

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 18, 19 38

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1938, to Aug. 18, 1938

I last saw him alive on Aug. 18, 19 38 Death is said

to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Nephritis Date of onset 8-3-38

146

Other contributory causes of importance:

Pneumonia
bronchial inflammation Date of onset 8-17-38

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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) W. C. Crawford M. D.
 _____ (Address) Kirksville, Mo

12. BIRTHPLACE (CITY OR TOWN) unknown 1
 (STATE OR COUNTRY) Oklahoma

FATHER 13. NAME George Briggles 6

14. BIRTHPLACE (CITY OR TOWN) unknown 6
 (STATE OR COUNTRY) Germany 0

MOTHER 15. MAIDEN NAME Laura Evers

16. BIRTHPLACE (CITY OR TOWN) Rutledge
 (STATE OR COUNTRY) Missouri

17. INFORMANT Leo Brown
 (ADDRESS) Leonard, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Leonard, Missouri Aug. 20, 1938

19. FUNERAL DIRECTOR (NAME) David Turner Home
 (ADDRESS) Kirksville, Missouri

20. FILED Aug. 19, 1938 Spencer Freeman
 Local Registrar.

RECEIVED

District Health Officer No. 10

District File Number 10-38-52

Date Filed 9/14/38

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 do so with the above constitutes grounds for revocation of license.)

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

28158
Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 4
(b) Township Kirkville Primary Registration District No. 3001 Registered No. 144
(c) City Kirkville (d) Street No. _____
(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 Mrs. Delena Alma 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
25 2 1

OCCUPATION 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) (STATE OR COUNTRY)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 10-17 1938 A. B. Crumb Local Registrar
A. B. Crumb

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

acute nephritis
understand patient
had mucus in
before coming to hospital
Other contributory causes of importance:
Pneumonia
bronchitis
14/2

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) A. B. Crumb, M. D.
(Address) Kirkville Mo.

SUPPLEMENTARY

1938
5-28158