

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

28465
 Do not use this space.

RECD SEP 19 1938

1. PLACE OF DEATH

(a) County Caldwell Registration District No. 91
 (b) Township Hamilton Primary Registration District No. 40 5-8
 (c) City Hamilton (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 Belle 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 Lyman D. Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13, 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
76 00 23

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vinton Co., Ohio.

13. NAME Isaac Winn

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

15. MAIDEN NAME Maria Barker

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

17. INFORMANT Mrs Ruby Pearse
 (ADDRESS) Hamilton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE Aug. 8, 1938

19. FUNERAL DIRECTOR Bram & Sons
 (ADDRESS) Hamilton, Mo.

20. FILED Aug 8 1938 Maria Pearse
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 1934, to Aug 6, 1938

I last saw her alive on Aug 5, 1938. Death is said to have occurred on the date stated above, at 7:40 A. m.

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

Cerebral Hemorrhage

Date of onset Aug 1, 1938

Other contributory causes of importance:

Arterio-sclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Thro. Diag 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) Herbert R. Booth, M. D.

(Address) Hamilton Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

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

..... L. E.

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

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)