

REC'D SEP 27 1938

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

29503  
Do not use this space.

1. PLACE OF DEATH  
(a) County Missouri Registration District No. 526  
(b) Township Charleston Primary Registration District No. 3030 Registered No. 95  
(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.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME E. D. Brown *Negros use initials instead of names*  
(a) Residence, No. 302 W. Cypress St. 6.571  
(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 M 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dadie Brown  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) near 1897  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
near 41  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labourer  
9. Industry or business in which work was done, as saw mill, bank, etc. Labourer  
10. Date decensed 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 Missouri  
13. NAME Unknown  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
17. INFORMANT (ADDRESS) Evelyn Brown  
302 W. Cypress St. Charleston, Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cemetery DATE Aug. 14, 1938  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Trapp's Funeral Service  
Charleston, Mo.  
20. FILED E-14-38 J. D. Dennis Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 9, 1938 6:47 P.M.  
22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
I just saw this man die  
I last saw him alive on Aug 28 at 6:15 P.M. Death is said to have occurred on the date stated above, at \_\_\_\_\_.  
The principal cause of death and related causes of importance were as follows:  
Myocarditis chronic with Inflammatory Pneumonia  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: hypertension  
Name of operation no Date of \_\_\_\_\_  
What test confirmed diagnosis? Symptoms 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) Frank J. Brown M. D.  
Charleston, Mo. (Address) 500

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.

50M-1-12-38 X14028

AUG 10 1958

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 E Bass*

....., or by .....

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

Signed.....

*Thomas E 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.**