

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

29642

Do not use this space.

1. PLACE OF DEATH

(a) County Ozark Registration District No. 69-56
 (b) Township Noble Primary Registration District No. 6A Registered No. _____
 (c) City Foil, Mo. (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

Mary Brown
 (a) Residence, No. Foil, Missouri 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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Newland Brown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 27, 1938</u>		
7. AGE YEARS 65	MONTHS 2	DAYS 0
If LESS than 1 day,hrs. ormin.		
OCCUPATION	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)	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Douglas Co. Mo.</u>	
	13. NAME <u>John Hughes Ill.</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
	15. MAIDEN NAME <u>Lizzie Lewis Lawrence Co. Mo.</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT (ADDRESS) <u>J a Ross</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fannon</u> DATE <u>5-28-38</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>neighbors</u>		
20. FILED <u>5-27-38</u> <u>Matthew Davis</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-27-38**, 19__

22. I HEREBY CERTIFY, That I attended deceased from May 27, 19__ to May 27, 19__
 I last saw her alive on May 27, 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:
Apoplexy
Arterial Hypertension
 Date of onset 5/27/38

Other contributory causes of importance:
Arterial Hypertension

Name of operation Phys. Date of _____
 What test confirmed diagnosis? Ex 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? _____
 If so, specify _____
 (Signed) R M Newman, M. D.
 (Address) ava Mo

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.

Dr. R.M. L...

RECEIVED
District Health Office No. 6-38-4
District File Number
Filed 9/19/38

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.)