

DEC'D SEP 26 1938

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

29825

Do not use this space.

## 1. PLACE OF DEATH

(a) County Randolph Registration District No. 730  
 (b) Township Deer Creek Primary Registration District No. 3034  
 (c) City Moberly (d) Street No. 715 S. 4th 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.

Registered No. 157

## 2. PRINT FULL NAME

(a) Residence, No. 715 S. 4th Moberly Mo St.   
 (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 f. 4. COLOR OR RACE col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9 1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
50 11 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. home  
 10. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fulton Mo. 0FATHER 13. NAME Harry Farris 014. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fulton Mo. 0MOTHER 15. MAIDEN NAME Assie Hart16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fulton Mo17. INFORMANT (ADDRESS) Tom Brown  
Moberly Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Fulton Mo. DATE Aug 15 - 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Ethel  
Fulton Mo20. FILED Aug 15, 1938 Ethel Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13 193822. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1938, to Aug 13, 1938I last saw him alive on Aug 13, 1938 Death is said to have occurred on the date stated above, at 3 P. m.

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

Cause of return  
Bleeding Pelvic Bone Date of onset when

Other contributory causes of importance: 0

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? No

If so, specify.....

(Signed) H. C. Brufford, M. D.(Address) Moberly Mo

HSA

JUL 25 1938

RECEIVED

District Health Officer No. 10

District File Number 10-38-188

Date Filed 9-19-38

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 comply 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

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

29825-  
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 735-  
 (b) Township..... Primary Registration District No. 3034 Registered No.....  
 (c) City Moberly (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 Maudie 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 F 4. COLOR OR RACE Col 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.  
50 9 7

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 ..... 19.....

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from 19..... 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:

Cancer of uterus  
Clavicles and pelvic bones  
Primary set in uterus  
 Date of onset

Other contributory causes of importance:

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) W. C. Griffith, M. D.

(Address) Moberly

SUPPLEMENT

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-29825