

SEP OCT 19 1938

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

31914
Do not use this space.

1. PLACE OF DEATH
 (a) County Canale Registration District No. 135
 (b) Township Canaleton Primary Registration District No. 3010 Registered No. 98
 (c) City Canaleton (d) Street No. 307 North Main 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 57 yrs. mo. ds. (f) How long in U.S., if of foreign birth? yrs. mo. ds.

2. PRINT FULL NAME Maud Woodlan Browne
 (a) Residence, No. 307 North Main 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-13-1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 3 13

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home care
 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) Moorsville (STATE OR COUNTRY) Mo.

FATHER
 13. NAME John G. Woodlan
 14. BIRTHPLACE (CITY OR TOWN) Moorsville (STATE OR COUNTRY) Mo.

MOTHER
 15. MAIDEN NAME Scotty Stuckey
 16. BIRTHPLACE (CITY OR TOWN) Moorsville (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Mrs Charles Woodlan
Canaleton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem DATE 9-28 1938

19. FUNERAL DIRECTOR (ADDRESS) Walter Personal Home
Canaleton Mo.

20. FILED 9-28 1938 Walter Haskins
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-26-1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 34, 1934 to Aug 26 38, 1938. I last saw him alive on Sept 26, 1938. Death is said to have occurred on the date stated above, at 10:50 pm. The principal cause of death and related causes of importance were as follows:
Multiple Neuritis
Nephritis

Other contributory causes of importance: 1371

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. M. Reardon, M. D.
 (Address) Canaleton Mo.

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.

132a

RECEIVED
District Health Officer No. 8,
District File Number
10/7/81
Date Filed

STATEMENT BY LICENSED EMBALMER

I, Ralph Van Landingham, Licensed Embalmer No. 4009
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Ralph Van Landingham
Licensed Embalmer No. 4009

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

31914

Do not use this space.

1. PLACE OF DEATH

(a) County Carroll Registration District No. 138-
 (b) Township _____ Primary Registration District No. 3010 Registered No. 98
 (c) City Carrollton (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 Maud Woodlan 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-26, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... 19... Death is said

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

I last saw h. alive on _____, 19... m. The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 3 13

Multiple neuritis
 nephritis
 chorea

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.

Date of onset

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

Other contributory causes of importance:

13. NAME

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

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.

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) P. M. Beason, M. D.

(Address) Carrollton Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAWS. Every return of mortality should be carefully supplied. A GE should be... I. PHYSICIANS should state statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

SUPPLEMENT

