

RECD OCT 26 1938

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

33203

1. PLACE OF DEATH

County St. FrancoisRegistration District No. 773Township St. FrancoisPrimary Registration District No. 6018ACity (near) Farmington, Mo.

St. _____ Ward)

2. FULL NAME Herbert Hadley Brown(a) Residence, No. Charleston, Mo. St. _____ Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 19107. AGE YEARS 28 MONTHS 5 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, 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) Bertrand, Mo. (STATE OR COUNTRY) _____13. NAME Walter Fred Brown14. BIRTHPLACE (CITY OR TOWN) Kansas (STATE OR COUNTRY) _____15. MAIDEN NAME Stella Golightly16. BIRTHPLACE (CITY OR TOWN) Charleston, Mo. (STATE OR COUNTRY) _____17. INFORMANT Records of State Hospital No. 4 (ADDRESS) Farmington, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Charleston DATE 9/4/3819. UNDERTAKER Munnalee and Co. (ADDRESS) Charleston, Mo.20. FILED Sept 3 1938 V. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2, 193822. I HEREBY CERTIFY, That I attended deceased from 11-10, 1938, to Sept 2, 1938.I last saw him alive on Sept 2, 1938. 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:

Bronchopneumonia of only 3 or 4 days duration
10/10
Other contributory causes of importance:
Post encephalitic with Parkinsonian syndromeName of operation _____ Date of _____
What test confirmed diagnosis? Chemical Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1938.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. S. Tate _____ M. D.699 (Address) State Hospital # 47 Farmington, 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.

STATEMENT BY LICENSED EMBALMER

I. Nellie Harter, Licensed Embalmer No. 2969

hereby certify that the body recorded on the reverse side of this certificate was
embalmed by C.H. Cozart L.E. ~~2969~~

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

Signed Nellie Harter

Licensed Embalmer No. 2969

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)