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.

REC'D OCT 26 1938

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

33394
Do not use this space.

1. PLACE OF DEATH
(a) County Saline
(b) Township
(c) City Marshall
(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.

Registration District No. 796
Primary Registration District No. 3038 Registered No. 125

2. PRINT FULL NAME Robert Lyle Brown
(a) Residence, No. 778 West Jackson 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: 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) April 24th, 1938

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	4	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
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) Marshall Missouri 0

FATHER
13. NAME Lemual Wallace Brown 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline County Missouri 0

MOTHER
15. MAIDEN NAME Nealey Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper County Missouri

17. INFORMANT (ADDRESS) Lewis Brown Marshall, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ridge Park Cem. DATE Sept. 9th, 1938

19. FUNERAL DIRECTOR (ADDRESS) Campbell-Lewis Funeral Home Marshall, Mo.

20. FILED 9-9-1938 Mary Kent Dep. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8 1938

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1938, to Sept. 8, 1938
I last saw him alive on Sept 8, 1938. Death is said to have occurred on the date stated above, at 10 25 a.m.
The principal cause of death and related causes of importance were as follows:

Marasmus from birth — Date of onset

Other contributory causes of importance: None

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) A. C. Putnam, M. D.
(Address) Marshall Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Jas. N. Lewis, Licensed Embalmer No. 1171

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 Jas. N. Lewis

Licensed Embalmer No. 1171

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)