

1938 NOV 17

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

26068  
Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 431  
(b) Township Simpson Primary Registration District No. 3023 Registered No. 93  
(c) City Warrensburg Street No. Oak Hill Sanitarium 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

(a) Residence, No. 6574 Andrew Leon Brown 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6, 1871

7. AGE YEARS 67 MONTHS 4 DAYS 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

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) Johnson Co. Mo.

13. NAME J. B. Brown

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

15. MAIDEN NAME Elizabeth Reynolds

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT (ADDRESS) Estel Brown, Concordia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE Oct 5, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sweeney Phillips, Warrensburg, Mo.

20. FILED Oct. 5, 1938 Edna Senby Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-4-1938

22. I HEREBY CERTIFY, That I attended deceased from 9-28-38, 1938, to 10-4-1938

I last saw him alive on 10-4-1938 Death is said

to have occurred on the date stated above, at 11:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Peritonitis

Date of onset 9-27-38

Other contributory causes of importance:

Valvular

Name of operation Laparotomy Date of 9-30-38

What test confirmed diagnosis? operation 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, 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) E. S. Johnston, M. D.

(Address) Concordia 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.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 11/7/38

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,

*Andrew Leon Brown*

, or by

Registered Apprentice No. ~~2320~~, working under my personal supervision.

Signed *R. D. Phillips*

Licensed Embalmer No. *2320*

P. O. Address *Warrensburg*

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.