

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

38783
Do not use this space.

1. PLACE OF DEATH *15* *DECEASED 16 1938*

(a) County *Cass* Registration District No. *275*

(b) Township *Anglice* Primary Registration District No. *5170B*

(c) City *Stoddard* (d) Street No. _____

(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 *657 Mary 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 *female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Wm R Brown*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 13 1849*

7. AGE YEARS *89* MONTHS *6* DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *house wife*

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) *6 months ago* 11. Total time (years) spent in this occupation *life time*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *North Carolina* *1*

13. NAME *George Monday*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *North Carolina* *1*

15. MAIDEN NAME *Ruby Tate*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *North Carolina* *1*

17. INFORMANT *C E Blackburn* (ADDRESS) *Stoddard MO*

18. BURIAL, CREMATION, OR REMOVAL PLACE *High Point Cemetery* DATE *Nov 15 1938*

19. FUNERAL DIRECTOR *Virgil Evans* (ADDRESS) *Stoddard Mo*

20. FILED *Dec 3 1938* *Mrs. Mac Bob Morney* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 13* 19*38*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 10 1938* to *Nov 13 1938*, 19*38*.
I last saw him alive on *Nov 10 1938*, 19*38*. Death is said to have occurred on the date stated above, at *5 P* m.
The principal cause of death and related causes of importance were as follows:
Dehydrated from vomiting and lack of food, some pain of abdominal tissues, no autopsy
Date of onset _____

Other contributory causes of importance: *Senility* *50*

Name of operation *nurse* Date of _____
What test confirmed diagnosis: *bed side* 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) *C. E. Blackburn*, M. D.
117 (Address) *Stoddard Mo*

RECEIVED
District Health Officer No. 7,
District File Number 7-38-444
Date Filed 12-5-38

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
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 _____

Licensed Embalmer No. _____

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.)