

REC'D JAN 13 1939

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

41960
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township 7th Dist Primary Registration District No. _____ Registered No. 5026
(c) City W.C. Mo. (d) Street No. General Hospital # 2 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 Donald Brown
(a) Residence, No. 1809 Woodland St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-16-1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 0 8
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) Mo E
13. NAME William Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas
15. MAIDEN NAME Anner Ewing
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas
17. INFORMANT Record Clerk
(ADDRESS) General Hosp.
18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Cem. DATE 12-27 1938
19. FUNERAL DIRECTOR Street, Appleton & Jones
(ADDRESS) 1905 Vinal
20. FILED 12-27 1938 M.M. Crowe, asst
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-24 1938
22. I HEREBY CERTIFY, That I attended deceased from 12-18 1938 to 12-24 1938
I last saw him alive on 12-24 1938 Death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:
Malnutrition
Date of onset _____
Other contributory causes of importance: Rickets
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____ (Signed) G. A. Brown M. D.
General Hospital # 2 (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-7-20-37 I X12004

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 *P. J. Spick*

Licensed Embalmer No. *2710*

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.)