

REC'D JAN 6 1939

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

42855
Do not use this space.

1. PLACE OF DEATH
(a) County Cooper Registration District No. 271
(b) Township Cliftonville Primary Registration District No. 530
(c) City Clifton City (d) Street No. _____ St.
(e) Length of residence in city or town where death occurred 60 yrs. - mos. - ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Irene Brown
(a) Residence, No. Clifton City, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, give 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 George W. Brown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-12-1852
7. AGE YEARS 85 MONTHS 11 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) June 12, 1928
11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Missouri

FATHER 13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs. Eva Stone Clifton City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Debono Chapel DATE Oct-16-38

19. FUNERAL DIRECTOR (ADDRESS) Funeral Home of Charles J. Debono, Clifton, Mo.

20. FILED 19 1938 W. H. H. H. Medical Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/14/38
22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1938 to Oct 14, 1938
I last saw him alive on Oct 7, 1938 Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic pyelitis Date of onset OK

Other contributory causes of importance: 121

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) W. H. H. H., M. D.

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Jeyton E. Hayes, Licensed Embalmer No. 3074

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Jeyton E. Hayes

Licensed Embalmer No. 3074

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.)