

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

2400
 Do not use this space.

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.

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4
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REC'D FEB 23 1939

1. PLACE OF DEATH

(a) County G. RUNDY Registration District No. 328
 (b) Township _____ Primary Registration District No. 3017 Registered No. _____
 (c) City TRENTON (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 6529 Amy JANE BROWNSON

(a) Residence, No. 1503 CHESTNUT 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm N. Browns

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 24, 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>58</u>	<u>11</u>	<u>26</u>	

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

9. Industry or business in which work was done, as saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Nov 15, 1937 11. Total time (years) spent in this occupation 58

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scandia Kansas

FATHER

13. NAME M. J. McDonald

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ireland

MOTHER

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Wm N Browns Trenton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wentworth DATE Jan 23 4 1939

19. FUNERAL DIRECTOR (ADDRESS) Raymond G. Davis Trenton Mo

20. FILED 1-23-39 Irene D. Davis Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 20 Jan 1939

22. I HEREBY CERTIFY, That I attended deceased from 7 Jan 1939, to 20 Jan 1939. I last saw him alive on 20 Jan 1939. Death is said to have occurred on the date stated above, at 5:20 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thromboses Date of onset 5 days

Arterio Sclerosis 94% 3 years

Other contributory causes of importance:

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? No
 If so, specify _____
 (Signed) E. A. Cluffy M.D. M. D.
 (Address) Trenton Mo.

STATEMENT BY LICENSED EMBALMER

I, Raymond A Davis, Licensed Embalmer No. 3424

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

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Raymond A Davis
Licensed Embalmer No. 3424

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.)