

REC'D FEB 28 1939

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

4131
Do not use this space.

1. PLACE OF DEATH

(a) County Sullivan Registration District No. 853
(b) Township Safety 1 Primary Registration District No. 6117 Registered No. 1
(c) City (d) Street No.
(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

John H. Brown
(a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22 1855

7. AGE YEARS 83 MONTHS 4 DAYS 10 If LESS than 1 day, hrs. or min.

OCCUPATION 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) Clinton Mo (STATE OR COUNTRY) Missouri

FATHER 13. NAME Merimon Brown

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

MOTHER 15. MAIDEN NAME Mary Jane Weston

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

17. INFORMANT Mrs. J. H. Brown (ADDRESS) Harris

18. BURIAL, CREMATION, OR REMOVAL PLACE Windrove DATE 1-4- 1939

19. FUNERAL DIRECTOR (NAME) Martin Funeral Home (ADDRESS) Clinton Mo

20. FILED 1-3 1939 Mrs. Ruth Tucker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-2 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1938, to Jan 2 1939

I last saw him alive on Jan 2 1939. Death is said to have occurred on the date stated above, at 2:20 P. M.

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

Cancer of Prostate

Date of onset
1937

Other contributory causes of importance:

Broncho pneumonia 12/27/38

Name of operation Physical exam Date of
What test confirmed diagnosis? no (Specify name of 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 3

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no
(Signed) W. W. Harris, M.D.

(Address) Harris, Mo

RECEIVED

District Health Officer No. 10

District File Number 10-39-241

Date Filed FEB 9 1939

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,

H. Swan Martin

or by

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

Signed *H. Swan Martin*

Licensed Embalmer No. 3760

P. O. Address Princeton Mo

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.