

REC'D APR 10 1939

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

10636
Do not use this space.

1. PLACE OF DEATH

(a) County Dade Registration District No. 236
 (b) Township Pilgrimage Primary Registration District No. 6260 Registered No. _____
 (c) City Prairiefield Mo. (d) Street No. _____ 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

(a) Residence, No. 650 Mary Bell Brown
Evorton Mo. R.F.D. (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 Herbert V. Brown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 1902
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 7 2
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. House keeping
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Evorton
 (STATE OR COUNTRY) R.F.D. Mo.

FATHER 13. NAME Joseph Horton
 14. BIRTHPLACE (CITY OR TOWN) Evorton
 (STATE OR COUNTRY) R.F.D. Mo.

MOTHER 15. MAIDEN NAME Nancy Shroum
 16. BIRTHPLACE (CITY OR TOWN) Evorton
 (STATE OR COUNTRY) R.F.D. Mo.

17. INFORMANT (ADDRESS) Herbert Brown
Evorton Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Cem. DATE Feb 18 1939

19. FUNERAL DIRECTOR (NAME) J. W. Ward
 (ADDRESS) Prairiefield Mo.

20. FILED 3-95 1939 Wm. H. Slapp
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 1938, to Feb 17 1939
 I last saw him alive on Jan 17 1939 Death is said to have occurred on the date stated above, at 8 A.M.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of
tromb
 Date of onset

Other contributory causes of importance: 45

Name of operation no 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? 0 Date of injury _____, 19____
 Where did injury occur? 0
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? 0
 If so, specify _____
 (Signed) W. R. R. Slapp M. D.
 (Address) Evorton Mo

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.

1-14102B

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, _____
_____, or by _____
Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.