

REC'D MAY 10 1939

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

13781  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Wain Primary Registration District No. 1002 Registered No. 1535  
(c) City Manassas City (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

650 Sylvia Brown  
(a) Residence, No. 74th 9th 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1872

7. AGE YEARS 66 MONTHS 3 DAYS - If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unemployed  
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) Montgomery Alabama

FATHER 13. NAME William Murrell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Ala.

MOTHER 15. MAIDEN NAME Ludie Jacobs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Alabama

17. INFORMANT (ADDRESS) Leola S. Greaves Popoka Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Cem. DATE 4/11 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) West Appleton Ave. 1905 Vine

20. FILED Apr 11, 1939 M. M. Brown Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-9 1939

22. I HEREBY CERTIFY That I attended deceased from 5:05 P.M. to 19 1939

I declare that the deceased was not alive on 4-9 1939 Death is said to have occurred on the date stated above, at 5:05 P.M.

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

Injury by fall  
Fracture of the left femur  
Dysc thrombosis  
Pulmonary embolism  
Other contributory causes of importance: 1939

Name of operation Open reduction femur Date of 4-30 1939

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury 4-30 1939

Where did injury occur? H. C. No. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fell down stairs

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signatures) Cresto B. Butler M. D.

(Address) Law Dept. H. P. No.

**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

*[Signature]*  
.....  
Licensed Embalmer No. 27101

P. O. Address 1905 Vine St.

**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.**