

REC'D MAY 16 1930

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

15073
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
(b) Township Independence Primary Registration District No. 3019
(c) City Independence (d) Street No. _____ 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.

Registered No. 138

2. PRINT FULL NAME

(a) Residence, No. 408 N. Delaware 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) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William L. Webb
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13 - 1859
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, or min.
79 10 8
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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sibley, Jackson Co. Mo.

FATHER 13. NAME James Terrell Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co, Ky.

MOTHER 15. MAIDEN NAME Susan Hannah Biggs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co, Ky.

17. INFORMANT Geo. P. Cottle (ADDRESS) Seward, Ind.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE April 20, 1939

19. FUNERAL DIRECTOR Cott & Mitchell (ADDRESS) Indep. Mo.

20. FILED 4-24-39 F. L. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1939
22. I HEREBY CERTIFY, That I attended deceased from Apr 20, 1930 to Apr 20, 1939
I last saw her alive on Apr 20, 1939. Death is said to have occurred on the date stated above, at 11:30 m.
The principal cause of death and related causes of importance were as follows:

Uremia Date of onset April 16, 39
Cardio-renal disease of 1925
arteriosclerosis 1920
Other contributory causes of importance: 95 lb
General Emaciation Jan 39

Name of operation none Date of _____
What test confirmed diagnosis? clinical. 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? _____
If so, specify _____
(Signed) J. G. Hickerson, M. D.
(Address) Independence 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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

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

..... L. E.

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

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)