REC'D MAY 10 1939

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

16273
Do not use this space.

1. PLACE OF DEATH
(a) County Scott
(b) Township Richland
(c) City Sikeston
Registration District No. 821
Primary Registration District No. 4553
Registered No.
(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 650 Sylvester Melvin Brown
(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/13/39
7. AGE YEARS MONTHS 1 DAYS 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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.
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) Sikeston Mo.

FATHER
13. NAME Charley Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky Kentuckey

MOTHER
15. MAIDEN NAME Iva Sherwood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee Tenn.

17. INFORMANT (ADDRESS) Charley Brown Sikeston Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE McMullin Mo. DATE 4/22/39, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hunter Albritton Sikeston Mo.
20. FILED May 6, 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21, 1939
22. I HEREBY CERTIFY, That I attended deceased from April 18, 1939, to April 21, 1939
I last saw him alive on April 21, 1939. Death is said to have occurred on the date stated above, at 9 45 A m.
The principal cause of death and related causes of importance were as follows:
Bilateral Lobar Pneumonia — Date of onset 4-20-39
108
Other contributory causes of importance:
Tonsillitis and Pharyngitis developed on April 18 1939 which went to Pneumonia on 20th
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) Merlin G Anderson M. D.
(Address) Sikeston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
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.
I X14928

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.