

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

241
 18690
 Do not use this space.
 Registered No. **419**

REC'D JUN 8 1939

1. PLACE OF DEATH
 (a) County GREENE Registration District No. 318
 (b) Township S. 3rd Primary Registration District No. 5440
 or SPRINGFIELD
 (c) City SPRINGFIELD (d) Street No. Route 3 City City 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 Mary Virginia Brown
 (a) Residence, No. Route 3, Springfield, Mo. (If nonresident, give city or town and State)

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 L. R. Brown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6th 1898
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 3 14
 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. In Home
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moberly, Mo.

FATHER 13. NAME Henry L. Lee

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moberly, Mo.

MOTHER 15. MAIDEN NAME Bessie Chapman

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moberly, Mo.

17. INFORMANT (ADDRESS) L. R. Brown, Route 3, City

18. BURIAL, CREMATION, OR REMOVAL PLACE Madison DATE 5/21 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alma Johnson, Springfield, Mo.

20. FILED 5-21-1939 Char. A. George, M.D. (Address) Springfield, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1937 to May 20, 1939

I last saw her alive on April 20, 1939 Death is said to have occurred on the date stated above, at 5:40 P. M.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix uteri primary
 Date of onset 4/8

Other contributory causes of importance: 4/8

Name of operation Hysterectomy Date of 11-7-37

What test confirmed diagnosis? Biopsy Was there an autopsy?

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) Joseph S. James, M.D. (Address) Springfield, Mo.

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.

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.