

260 JUN 13 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

19217
Do not use this space.

1. PLACE OF DEATH

(a) County Barren
 (b) Township Barren
 (c) City Princeton

Registration District No. 556
 Primary Registration District No. 43-28

Registered No. 33

(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.

(Usual place of abode, if no street address, write county or city)

St.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Rosena Brown
(unknown) 1885

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

84Not known

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Mill work

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)

Kentucky

FATHER

13. NAME

Life Brown

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

KY

MOTHER

15. MAIDEN NAME

Vandergraff

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

Kentucky

17. INFORMANT (ADDRESS)

Wm. Malagonia
Princeton Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Plainsville

DATE

5-30

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Martha Brown
Princeton Mo

20. FILED

5-241939

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

May 28 1939

22. HEREBY CERTIFY, That I attended deceased from

April 19 1939 to May 27 1939I last saw him alive on May 27 1939. Death is saidto have occurred on the date stated above, at 1:00 AM.

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

Cancer of the liver Primary
46

Date of onset

5 yrs

Other contributory causes of importance:

Metastases to Stomach
& lungs

1 year

Name of operation none

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?

Date of injury

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)

B. J. C. O. O.

(Address)

Princeton Mo

RECEIVED

District Health Officer No. 11;

District File Number

39-582

Date Filed

JUN 5

1936

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

Ivan Martin

Licensed Embalmer No.

3760

P. O. Address

Princeton Mo.

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.