

REC'D JUL 10 1939

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

21049
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Raw Primary Registration District No. 1002 Registered No. 2317
(c) City L.C. Mo (d) Street No. General Hosp #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 Marie Brown
(a) Residence, No. 1505 Harrison 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 ♀ 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unk-Divorced
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1880-Feb. 7
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
59 3 10
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. Housewife
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) Mo. 0
13. NAME Robert York 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 0
15. MAIDEN NAME Agnes Webster
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. C. W. Beavitt
(ADDRESS) 2604 Highland

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 5-19-39

19. FUNERAL DIRECTOR (NAME) Beavitt Funeral
(ADDRESS) 1119 E. 18th

20. FILED June 6 1939 M. M. Crowe, M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-17-1939
22. I HEREBY CERTIFY, That I attended deceased from 5-16-1939 to 5-16-1939
I last saw her alive on 5-16-1939 Death is said to have occurred on the date stated above, at 4 A.M.
The principal cause of death and related causes of importance were as follows:

Acute Insufficiency Date of onset
920

Other contributory causes of importance:

Cardiac Asthma?

Name of operation H. Exam Date of
What test confirmed diagnosis? H. Exam 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) M. D. Johnson M. D.
(Address) 1510 E. 18th St.

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.