

1939 JUL 13 1939

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

22762
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 603
(b) Township Morehouse Primary Registration District No. 4357 Registered No. _____
(c) City Morehouse (d) Street No. _____
(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 Charles A. Brown
(a) Residence, No. Morehouse, Missouri 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 Male 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 Annie Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 26, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 5 2

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. Lumber laborer
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) Galconda, Illinois

FATHER 13. NAME John Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Rhoda Anderson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Mrs. Charles A. Brown (ADDRESS) Morehouse, Missouri

18. BURIAL CREMATION OR REMOVAL
PLACE Memorial Park Ceme DATE June 19, 1939
Sikeston, Missouri

19. FUNERAL DIRECTOR (NAME) H. J. Tolsh (ADDRESS) Sikeston, Missouri

20. FILED _____ 19 _____ Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1938, to June 18, 1939
I last saw him live on June 10, 1939. Death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance were as follows:

hypertrophic prostatic
and sup. v. chronic

Other contributory causes of importance: 131
none

Name of operation clinical 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? no
If so, specify _____
(Signed) H. J. Tolsh M. D.
Sikeston, Mo!
536 (Address)

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.

50M-102-38 1 X14022

RECEIVED

District Health Officer No. 2

District File Number 739-26

Date Filed 2-11

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 Harvey Johnson

Registered Apprentice No. 3704, working under my personal supervision.

Signed H. Johnson

Licensed Embalmer No. 774

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

22762

Do not use this space.

1. PLACE OF DEATH
 (a) County New Madrid Registration District No. 603
 (b) Township..... Primary Registration District No. 4357 Registered No.....
 (c) City Morehouse (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 Charles A. Brown
 (a) Residence, No. Morehouse mo 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-16-1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 5- 2

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) Salcedo (STATE OR COUNTRY) Illinois

FATHER
 13. NAME John Brown

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

MOTHER
 15. MAIDEN NAME Rhoda B. Plesner

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

17. INFORMANT (ADDRESS) Mrs. Charles A. Brown
Morehouse mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Memorial Park DATE 6-19-39

19. FUNERAL DIRECTOR (ADDRESS) H. J. Welsh
Morehouse mo

20. FILED 8-3 1939 Morehouse Parish
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 17 to 6-18, 1939
 I last saw him alive on Oct 10, 1939. Death is said to have occurred on the date stated above, at 2:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Myocardial infarction (chronic) and nephritis (chronic)
 Date of onset

Other contributory causes of importance:

Name of operation..... 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....., 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 Yes
 (Signed) G. M. Parnell, M. D.
 (Address) Morehouse mo

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 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.

UNRECORDED

RECEIVED

District Health Officer No. 2,

District File Number 839-121

Date Filed 8-9