REC'D JUL 15 1939

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

22836
Do not use this space.

1. PLACE OF DEATH
(a) County Nodaway 2 Registration District No. 6 28
(b) Township Polk 1 Primary Registration District No. 3031 Registered No. 81
(c) City Maryville Mo 1 (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.
650

74 9 2

2. PRINT FULL NAME Nora Stevens 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Willis A. Brown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7 1864
7. AGE Years 74 Months 11 Days 12 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) Tiro Ohio

FATHER
13. NAME Jacob Stevens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbiana County Ohio

MOTHER
15. MAIDEN NAME Sarah Wallace
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT Sara Brown Juvenal
(ADDRESS) 812 South Main St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Crawford County Ohio DATE June 21, 1939
19. FUNERAL DIRECTOR (NAME) W. Dean Campbell
(ADDRESS)
20. FILED 6-19 1939 Mamie E. Clardy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/19, 1939
22. I HEREBY CERTIFY, That I attended deceased from 6-18, 1939, to 6-19, 1939
I last saw her alive on 6-18, 1939. Death is said to have occurred on the date stated above, at 1:00 A.M. in.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	

Other contributory causes of importance:
Heat prostration
Hypertension
Senility

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) Lum E. Egley, M. D.
556 (Address) Maryville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH INDELIBLE 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 X14023

RECEIVED
Health Officer No. 11
File Number 739-869
Filed JUL 13 1939

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, W. Dean Campbell, or by .....,

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

Signed W. Dean Campbell

Licensed Embalmer No. 2620

P. O. Address Maryville 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.