

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.

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

26265
Do not use this space.

1939 AUG 1

1. PLACE OF DEATH 2

(a) County Mississippi Registration District No. 566

(b) Township Mississippi Primary Registration District No. 3030

(c) City Charleston (d) Street No. _____ Registered No. 68

(e) Length of residence in city or town where death occurred 1 yrs. 4 mos. 10 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MINERVA ANN BROWN

(a) Residence, No. Charleston, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE COLORED 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1881

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, or min.
<u>58</u>	<u>58</u>	<u>1</u>	<u>17</u>	

OCCUPATION 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.

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) Fort Pillar / Tennessee

FATHER 13. NAME Henry Banc

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

MOTHER 15. MAIDEN NAME Martha Elliot?

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

17. INFORMANT (ADDRESS) Bud Morgan Charleston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Charleston, Mo. (6/17)

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fair - Newell Charleston, Mo.

20. FILED 6-18-39 1939 J. D. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/17 1939

22. I HEREBY CERTIFY, That I attended deceased from 6/8, 1939, to 6/17, 1939. I last saw h. e. r. alive on 6/12, 1939. Death is said to have occurred on the date stated above, at 1:00 p.m.

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

General debility

Carious teeth

Infected gums

Other contributory causes of importance:

Name of operation teeth removal Date of _____

What test confirmed diagnosis? Cl. Symp. 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) E. O. Ross _____ M. D.

(Address) Charleston, Mo.

OFFICE OF THE DISTRICT HEALTH OFFICER
DISTRICT OF COLUMBIA
HEALTH DEPARTMENT

RECEIVED

District Health Officer No. 2

District File Number 739-87

Date Recd. 7-31

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.