

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.

REC'D SEP 15 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

28485

1. PLACE OF DEATH

County AudrainRegistration District No. 26Township Salt RiverPrimary Registration District No. 3002City Mexico Mo(No. 322-3 Johnson)

File No. _____

Registered No. 124

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 322 S. Johnson St. Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

MALE

4. COLOR OR RACE

Colored

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

MARRIED

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

Isabelle Anderson

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

8-9-1890

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

4906

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Gen Labor

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)

Callaway Co

FATHER

13. NAME

Abraham Brown

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

Virginia

MOTHER

15. MAIDEN NAME

Mary Turner

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

UNKNOWN

17. INFORMANT (ADDRESS)

Isabelle Anderson

18. BURIAL, CREMATION, OR REMOVAL

PLACE Elmwood Mexico MoDATE 8-12-39

19. UNDERTAKER (ADDRESS)

A. L. Reynolds

20. FILED

Aug 17, 1939Blanche Keely

S. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-15-193922. I HEREBY CERTIFY That I attended deceased from 1-6- 1928 to 8-18- 1939I last saw him alive on 8-12- 1939 Death is saidto have occurred on the date stated above, at 11 A. m.

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

Pulmonary

Date of onset

?Other contributory causes of importance: 23

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) H. J. Ector, M. D.(Address) Mexico, Mo

RECEIVED

District Health Officer No. 10

District File Number 9-39-1580

Date Filed **SEP 8 1939**