

I X12004

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.

50
22
22

REC'D SEP 20 1939

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

29468
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson
(b) Township Jordan
(c) City Desoto (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 45 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sophie Catherine Brown

(a) Residence, No. 105 Miller St Desoto St. (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) single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10 - 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 7 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. drug clerk
9. Industry or business in which work was done, as saw mill, bank, etc. bookkeeper
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) Desoto Mo.

13. NAME Zeno H. Pharon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perryville Mo.

15. MAIDEN NAME Susie Scott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Mo.

17. INFORMANT (ADDRESS) Mrs. Pres Higginbotham Blackwell Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Desoto DATE Aug 29 1939

19. FUNERAL DIRECTOR (ADDRESS) Mothershead Desoto

20. FILED 9/5 1939 Geneva Daniel Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27 1939

22. I HEREBY CERTIFY, That I attended deceased from January 13 1939 to Aug 24 1939 I last saw her alive on Aug 26 1939 Death is said to have occurred on the date stated above, at 1:45 a.m.

The principal cause of death and related causes of importance were as follows:
Cause of death - not known

Other contributory causes of importance: None

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) _____, M. D.
Desoto Mo.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)