

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

Do not use this space.

SEP 13 1939

30381

1. PLACE OF DEATH

County Stoddard
Township Liberty
City Dexter (No. _____)

Registration District No. 838
Primary Registration District No. 4509

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

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

single

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

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

Aug. 15 - 1939

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

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.

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)

Dexter Mo

13. NAME

Harvey Brown

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

Bloomfield Mo

15. MAIDEN NAME

Melba Walker

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

Berrie Mo

17. INFORMANT (ADDRESS)

Harvey Brown Dexter Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Aug. 19 1939

19. UNDERTAKER (ADDRESS)

Watt's Dexter

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 19 1939

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 15 1939 to Aug. 15 1939

I last saw him alive on Aug. 15 1939 Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Atelectasis pneumonia

underweight and frail

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 _____

(Signed) L. J. Harrison, Jr. D.

(Address) Dexter

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of death in terms of primary, secondary, or tertiary. Do not show or state EXACTLY. PHYSICIANS should state

RECEIVED

District Health Officer No 2,

District File Number 939-197

Date Filed 9-11

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

30381
Do not use this space.

1. PLACE OF DEATH
 (a) County Stoddard Registration District No. 838
 (b) Township Dexter Primary Registration District No. 4509 Registered No. _____
 (c) City Dexter (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 Infant J. Harley Brown
 (a) Residence, No. _____ (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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-18-1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1
 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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-19-1939
 22. I HEREBY CERTIFY, That I attended deceased from Aug 18 1939 to Aug 18 1939
 I last saw him alive on Aug 18 1939. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

atelectasis pneumonia
 Other contributory causes of importance: underweight & frail

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dexter Mo
 FATHER
 13. NAME Harley Brown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomfield Mo
 MOTHER
 15. MAIDEN NAME Melba Walker
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berrien
 17. INFORMANT (ADDRESS) Harley Brown Dexter, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 8-19-1939
 19. FUNERAL DIRECTOR (ADDRESS) Watkins Dexter
 20. FILED 9/5 1939 Jessie Burdon Local Registrar.

Date 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 _____
 (Signed) S. J. Cannon M. D.
 (Address) Dexter

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

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