REC'D OCT 10 1939

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

32216
Do not use this space.

26
35
5

1. PLACE OF DEATH

(a) County Cole 3 — Registration District No. 213

(b) Township — Primary Registration District No. 3014 — Registered No. 218

(c) or City Jefferson City 1 — (d) Street No. Missouri Prison Hospital 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.

2. PRINT FULL NAME 650 WILL BROWN

(a) Residence, No. Mo State Prison 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Colored	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 3, 1896

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
43	0	17	

OCCUPATION

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

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

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) Unknown 9

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9

MOTHER

15. MAIDEN NAME Unknown 9

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

17. INFORMANT (ADDRESS) Self

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis, Mo DATE 9/23/39, 1939

19. FUNERAL DIRECTOR (NAME) Buescher Fun. Home
(ADDRESS) Jefferson City, Mo

20. FILED 9/21/1939 [illegible] Local Registrar

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1939, to Sept. 20, 1939
I last saw him alive on Sept. 20, 1939. Death is said to have occurred on the date stated above, at 9.00 m. P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
PNEUMONIA Type III Bilateral, lobar	

Other contributory causes of importance: 1 d

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) W W Rambo, M. D.
(Address) Central Trust Bldg., W.W.RAMBO, M.D. Jefferson City

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.

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address J.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.