

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.

DEC 21 1939

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

39683
Do not use this space.

1. PLACE OF DEATH
 (a) County Grundy Registration District No. 328
 (b) Township 1 Primary Registration District No. 3017 Registered No. _____
 (c) City Trenton (d) Street No. 1410 E. 8th 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. 14 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Moses Danbern Brown
 (a) Residence, No. Grundy Co., Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
72 3 18

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

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vanburn Co., Iowa /
 13. NAME George Brown /
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio /

MOTHER 15. MAIDEN NAME Herriet Byington
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Ollie Brown (ADDRESS) Spickard Mo.
 18. BURIAL, CREMATION, OR REMOVAL Spickard Mo.
 PLACE Masonic Cem. DATE Nov. 12 1939

19. FUNERAL DIRECTOR (NAME) Chas. E. Schooler
 (ADDRESS) Spickard Mo.

20. FILED 11-12-39 James Fair Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 29th 1939 to Nov 10th 1939
 I last saw him alive on Nov 10th 1939 Death is said to have occurred on the date stated above, at 7:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Urinary Bladder Date of onset ??
51
 Other contributory causes of importance:
Atherosclerosis with Hypertension ??

Name of operation none Date of _____
 What test confirmed diagnosis? Clinical 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 Oliver T. Duffy M. D.
 (Signed) Trenton, Mo. (Address) 300

District No. 11

District No. 1239-1790

Date Filed DEC 19 1939

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, Ross Wise

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed Ross Wise

Licensed Embalmer No. 3771

P. O. Address Spickard Mo

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.