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 15 1939

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

39713
Do not use this space.

1. PLACE OF DEATH
(a) County Grundy Registration District No. 329
(b) Township Wilson Twp. Primary Registration District No. 5495 Registered No.
(c) City Laredo Mo. (d) Street No. 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 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ROSA V. BROWN
(a) Residence, No. Laredo Missouri 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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: W. O. Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 29 1870

7. AGE: Years 69 Months 5 Days 13 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.: Own home
10. Date deceased last worked at this occupation (month and year): Nov. 10, 1939
11. Total time (years) spent in this occupation: Entire life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Davis Co. Mo.

FATHER
13. NAME: James D. Lindsay
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

MOTHER
15. MAIDEN NAME: Mary E. Whitehead
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

17. INFORMANT: Jane Brown Babest
(ADDRESS) Ft. Morgan, Colo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gilman City DATE Nov 24 1939

19. FUNERAL DIRECTOR (NAME) E. J. Robertson
(ADDRESS) Laredo Missouri

20. FILED Nov. 29, 1939 Mrs. Mabel Warren
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-11, 1939, to 11-22, 1939
I last saw her alive on 11-22, 1939. Death is said to have occurred on the date stated above, at 5:30 P. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:
Arteriosclerosis with Hypertension

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 None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible], M. D.
(Address) Laredo Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 E. J. Robertson

Licensed Embalmer No. 2467

P. O. Address Laredo, mo

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

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