

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15952**

Registration District No. **773**

Primary Registration District No. **4464**

Registrar's No. **83**

1. PLACE OF DEATH:

(a) County **St. Francois**
 (b) City or town **Farmington Mo.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **2**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **25 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Thomas V. Brown**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **65P**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Celste Murphy** 6. (c) Age of husband or wife if alive **dead** years

7. Birth date of deceased **Sept. 30 1866**
 (Month) (Day) (Year)

8. AGE: Years **77** Months **6** Days **9** If less than one day hr. min.

9. Birthplace **Granby Mo.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Francis V. Brown**

13. Birthplace **Perryville Mo.**
 (City, town, or county) (State or foreign country)

14. Maiden name **Sarah C. Harwell**

15. Birthplace **Jennesse**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Janie Parcel**

(b) Address **Farmington, Mo.**

17. (a) **Burial** (b) Date thereof **April 10 1940**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Masonic Cem**

18. (a) Signature of funeral director **Reidert Hudels**

(b) Address **Farmington, Mo.**

19. (a) **April 10-1940** (b) **J. T. Robinson**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Francois**
 (c) City or town **Farmington**
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) If foreign born, how long in U. S. A? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **8**
 year **1940** hour **5** minute **50 P.** M.

21. I hereby certify that I attended the deceased from **July 10**, 1930, to **April 8**, 1940, that I last saw him alive on **April 8**, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death **Cardio Vasculor-Renal Disease with decompensation**
 Duration **10 or 15 years**

Due to **19**

Other conditions **Arterio Sclerosis Atherosclerosis**
 (Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **none**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(e) Means of injury

While at work? (Specify type of place)

23. Signature **J. T. Robinson** (M. D. or other)

Address **Farmington Mo** Date signed **4-10-40**

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 me

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

Signed John A. Reed

Licensed Embalmer No. ✓✓ 38

P. O. Address Farmington, MD

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.