

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29949

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. 200

1. PLACE OF DEATH:

(a) County Vernon Nevada
(b) City or town Nevada
(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 10 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County VERNON
(c) City or town NEVADA
(If outside city or town limits, write "RURAL")
(d) Street No. 329 S. Adams
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME WALTER EDWIN BROWN

8. (b) If veteran, name war No 8. (c) Social Security No. NONE

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife ODESSA BROWN 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased APRIL 20 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 18 If less than one day hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation ENGINEER

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Brown
13. Birthplace Scotland
(City, town, or county) (State or foreign country)
14. Maiden name ANNIE PETERKIN
15. Birthplace SCOTLAND
(City, town, or county) (State or foreign country)

16. (a) Informant Odesa Brown
(b) Address 329 S. Adams Nevada Mo

17. (a) Burial (b) Date thereof Aug SAT 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation HARWOOD CEMETERY

18. (a) Signature of funeral director Harwood Mo
(b) Address Harwood Mo

19. (a) 8-8-40 (b) Allen V. Bays
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8
year 1940 hour 42 minute 20 P.M.
21. I hereby certify that I attended the deceased from April 11, 1939
to Aug 8, 1940
that I last saw him alive on Aug 7, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchiectasis Duration ?
Due to Bronchial Asthma ?
Due to _____
Other conditions 10/2/40
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) WD
(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? 7A5
While at work? _____ (Specify type of place) (e) Means of injury MI
23. Signature J. W. Chase M.D. or other MD
Address Nevada Mo Date signed 8/8/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 9-40-1253

Date Filed 9-4-40

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 Oliver

Licensed Embalmer No. 2709

P. O. Address Harwood, 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.