

10/27/40

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

36143
Do not use this space.

1. PLACE OF DEATH
(a) County Randolph Registration District No. 735-
(b) Township..... Primary Registration District No. 3034 Registered No. 224
(c) City Moberly, (d) Street No. McCormick 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. 3 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Zelpha M. Brown
(a) Residence, No. Jacksonville, 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 Female 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 Joe Brown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 4, 1886
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 11 22

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.
10. Date deceased last worked at this occupation (month and year) Oct., 19, 1940 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Woodville 0
(STATE OR COUNTRY) Missouri 0

13. NAME William A. Graves 0

14. BIRTHPLACE (CITY OR TOWN) Macon Co. 0
(STATE OR COUNTRY) Missouri 0

15. MAIDEN NAME Emma Merrill

16. BIRTHPLACE (CITY OR TOWN) Macon Co. 0
(STATE OR COUNTRY) Missouri 0

17. INFORMANT Mr. Joe Brown
(ADDRESS) R.F.D. # 2 Jacksonville Mo.

18. BURIAL, CREMATION, OR REMOVAL Macon Co.
PLACE Mt. Salem DATE Oct., 27, 1940

19. FUNERAL DIRECTOR (NAME) Snow Funeral Home
(ADDRESS) Moberly Missouri.

20. FILED Oct 27 1940 Paul Williams 0
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 26, 1940
22. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1940 to Oct. 26, 1940
I last saw her alive on Oct. 26, 1940 Death is said to have occurred on the date stated above, at 11:05 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus
& Intestinal Obstruction ?
Date of onset
45
Other contributory causes of importance
Myocardial Infarction ?

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.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) R. P. [Signature] M. D.
(Address) McCormick Hospital, Moberly

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.

No Social Security Number

RECEIVED

District Health Office No. 10

District File Number 11-40-2175

Date Filed NOV 14 1940

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 R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moberly MO

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

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