

FILED JAN 30 1942

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

3886
Do not use this space. 10

1. PLACE OF DEATH

(a) County Sullivan Registration District No. 852
 (b) Township Cuncan Primary Registration District No. 6121 Registered No. _____
 (c) City Cora (d) Street No. 1 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MISS ELIZA JANE BROWN

(a) Residence, No. CORA 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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 30, 1856</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>11</u>
	DAYS <u>22</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Housekeeper</u>	
	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) <u>Sullivan Co. Mo</u>	
	13. NAME <u>Samuel A Brown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn. 1</u>	
MOTHER	15. MAIDEN NAME <u>Susan Crandell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio 1</u>	
17. INFORMANT (ADDRESS) <u>Mrs. G. M. Spencer Cora Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Campground</u> DATE <u>Dec 22 1941</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>P. K. Haysen Galt Mo</u>		
20. FILED <u>Dec 23 1941</u> <u>Cleo Hagan</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21 1941

22. I HEREBY CERTIFY, That I attended deceased from about a year ago, 19____
 I last saw him about a year ago. Death is said to have occurred on the date stated above, at 6:40 AM.
 The principal cause of death and related causes of importance were as follows:
apparently cancer of uterus for which I examined her about a year ago. Was treated at Dr. Phils Fischel Hosp. since then.

Other contributory causes of importance: drainage following a ray. Refused food. Was called to see her Dec 21, 1941, but arrived few minutes after her death.

Name of operation X-ray + radium 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) J. S. Montgomery, M. D.
 (Address) Millersburg Mo.

Date of onset not known

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WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

RECEIVED

District Health Officer No. 10

District File Number _____

Date Filed _____

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 PK Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

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.