

FILED OCT 1 1945

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

30075
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 38
(b) Township Primary Registration District No. 3006 Registered No. 236
(c) City Columbia (d) Street No. 0 Noyes Hospital St. Mo.
(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. 5 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

MYRA KATE BROWN
(a) Residence, No. 1709 Paris Rd., Columbia, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Luther M. Brown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-5-1871
7. AGE YEARS 73 MONTHS 11 DAYS 6 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Boone County, Missouri (STATE OR COUNTRY)

FATHER 13. NAME Leonidas Wright

14. BIRTHPLACE (CITY OR TOWN) Boone Co., Missouri (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Kate E. Turner

16. BIRTHPLACE (CITY OR TOWN) Madison Co., Kentucky (STATE OR COUNTRY)

17. INFORMANT Luther M. Brown (ADDRESS) 1709 Paris Rd., Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Friendship Cemetery DATE Sept. 13, 1945

19. FUNERAL DIRECTOR (NAME) Parson Funeral Service (ADDRESS) Columbia, Mo.

20. FILED 9-13 1945 Mrs. P. E. Palmer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11 1945

22. I HEREBY CERTIFY, That I attended deceased from see Sept. 4, 1945, to _____, 19____.

I last saw her alive on 9-11-45, 1945. Death is said to have occurred on the date stated above, at 6:30 m.

The principal cause of death and related causes of importance were as follows:

Abdominal Tumor
I never treated her. But saw her once morning & sent her to the N. H. P.

Other contributory causes of importance: she had been an invalid for several yrs. 5 1/2

Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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 18
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) W. D. [Signature], M. D.
(Address) Columbia, Mo.

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.

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OCT 34 1945

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

M. W. Whitfield

Licensed Embalmer No.

3893

P. O. Address

Columbus, 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.