FILED FEB 10 1949

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

471
Do not use this space.

1. PLACE OF DEATH
(a) County Camden Registration District No. 50
(b) Township Auglaize Primary Registration District No. 5176 Registered No. 4 15
(c) City Near St Southland MO (d) Street No. ..... 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 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Julia A. Brown
(a) Residence, No. Camden County 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF William A Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	88	8	24	

OCCUPATION
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) .....
11. Total time (years) spent in this occupation Whole life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Brumley Mo

FATHER
13. NAME John McComb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Brumley Mo

MOTHER
15. MAIDEN NAME Lydia McCubbins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brumley Mo.

17. INFORMANT (ADDRESS) Mrs Beecia Barnes Stoutland Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hillhouse Cemetery DATE Feb 1 1949

19. FUNERAL DIRECTOR (ADDRESS) O. Wright Evans Stoutland Mo

20. FILED Feb 2 1949 Zilpha Drake Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29th 1949

22. I HEREBY CERTIFY, That I attended deceased from Died without medical Aid, 19.... to 19.... I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sore Leg Phlebitis	
had had a Chronic	
Cough for months	
Probably Tuberculosis	

Other contributory causes of importance: Pulmonary "
old Age

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) C. E. Capshaw, M. D.
(Address) Stoutland

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S 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. 7
District File Number 1-49-5
Date Filed 2-8-49

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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

Not embalmed