

REC'D MAR 25 1938

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

8398
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
(b) Township Center Primary Registration District No. 3039 Registered No. 42
(c) City Nevada (d) Street No. _____
(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 50 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Caroline Brown 650

(a) Residence, No. 721 S. Washington 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 F 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
78 3 18

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. Home
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 58

12. BIRTHPLACE (CITY OR TOWN) Hancock County
(STATE OR COUNTRY) Illinois13. NAME Jacob Walford14. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)15. MAIDEN NAME Elizabeth Solder16. BIRTHPLACE (CITY OR TOWN) New Jersey
(STATE OR COUNTRY)17. INFORMANT Thomas Maxwell
(ADDRESS) Nevada, Mo18. BURIAL, CREMATION, OR REMOVAL Buried at Cross DATE Feb 15, 193819. FUNERAL DIRECTOR Ferry Funeral Home
(ADDRESS) Nevada, Mo20. FILED Feb 15, 1938 Allen H. Hays
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1938 to Feb 12, 1938
I last saw h. alive on Feb 12, 1938. Death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Date of onset

Other contributory causes of importance: 107 WGen Urinary System

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) J M Water, M. D.(Address) Nevada Mo

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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.

STATEMENT BY LICENSED EMBALMER

I, Plyed B. Winscott, Licensed Embalmer No. 3857

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

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Plyed B. Winscott

Licensed Embalmer No.

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.)