REC'D JUN 20 1938

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

18559
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper
(b) Township
(c) City Joplin
Registration District No. 411
Primary Registration District No. 2007
Registered No.
(d) Street No. 20 th & Florida 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Myrtle Brown
(a) Residence, No. 20th & Florida 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 Fem
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. D. Brown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25 1879
7. AGE Years 59 Months 9 Days 5 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home duties
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) (STATE OR COUNTRY) Polegar Ark

FATHER
13. NAME George Duff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER
15. MAIDEN NAME Martha McCullough
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT Mrs Rebecca Thompson (ADDRESS) 20th & Florida
18. BURIAL, CREMATION, OR REMOVAL Potter Place Joplin Date June 3 1938
19. FUNERAL DIRECTOR (NAME) Mathews Funeral Home (ADDRESS) Joplin Mo
20. FILED 6-1 1938 Ed D Jones Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1938
22. I HEREBY CERTIFY, That I attended deceased from 5-11 1938, to 5-30 1938, I last saw her alive on 5-21 1938. Death is said to have occurred on the date stated above, at 11 40 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	✓
62	
Other contributory causes of importance: Chronic Interstitial Nephritis	✓
Pellagra	✓

Name of operation Date of
What test confirmed diagnosis? clinical 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
Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W J Loveland, M. D.
(Address) Joplin Mo

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Physician, Undertaker, Coroner, Justice of Peace, Notary Public, Relatives should be stated EXACTLY. PHYSICIANS should state

Loveland

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 Steve Parker

Licensed Embalmer No. 2548

P. O. Address Gobler Mo

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

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