

REC'D JAN 11 1939

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

42822
Do not use this space.

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1. PLACE OF DEATH
(a) County Cole Registration District No. 213
(b) Township _____ Primary Registration District No. 3014
(c) City Jefferson City, Mo. (d) Street No. 916 E. Miller Registered No. 328
(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 Francis Effie Brown
(a) Residence, No. 916 E. Miller St. 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 negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Wesley Brown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Exact Date unknown
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 57
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
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) Callaway co.
13. NAME George Simmons
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway co.
15. MAIDEN NAME Johanan Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway co.
17. INFORMANT (ADDRESS) George J. Simmons
3311 1/2 LaCade St. Louis
18. BURIAL, CREMATION, OR REMOVAL PLACE New City cemetery DATE Dec. 17, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. D. Hardiman
Jefferson City, Mo.
20. FILED 12/19/1938 P. B. Sparks
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15 - 1938
22. I HEREBY CERTIFY, That I attended deceased from Sept. 30 - 1938, to Dec. 15 - 1938
I last saw her alive on Dec. 15 - 1938 Death is said to have occurred on the date stated above, at 2:15 p.m.
The principal cause of death and related causes of importance were as follows:
Artic insufficiency +
arterial thrombosis
Date of onset unknown
Other contributory causes of importance: 49
anemia + general debility
Name of operation no 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 _____
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) R. K. Richardson M.P.
(Address) 421 Lafayette Jefferson City, Mo.

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 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.....

Licensed Embalmer No.....

P. O. Address.....

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.