REC'D FEB 6 1939

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

V

1576
Do not use this space.

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.

10 3 4

1. PLACE OF DEATH
(a) County Boone | Registration District No. 73
(b) Township | Primary Registration District No. 3006 | Registered No. 12
(c) City Columbia 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 650 Susan Brown
(a) Residence, No. 1205 Cherry 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 F. | 4. COLOR OR RACE colored | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug - 1 - 1870

7. AGE Years 68 | Months 5 | Days 19 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housekeeper
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 Co (STATE OR COUNTRY) Mo

FATHER
13. NAME John Flynn
14. BIRTHPLACE (CITY OR TOWN) Boone Co (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Sarah Garrett
16. BIRTHPLACE (CITY OR TOWN) Boone Co (STATE OR COUNTRY) Mo

17. INFORMANT Nancy Brown (ADDRESS) Columbia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Col. Cem DATE 1-23 1939

19. FUNERAL DIRECTOR A. C. Freeman (ADDRESS) Columbia Mo.

20. FILED 1/23/1939 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-20 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1939, to Jan 20, 1939
I last saw her alive on Jan 20, 1939. Death is said to have occurred on the date stated above, at 3:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza 6 da	1/14

Other contributory causes of importance:
acute Endocarditis 3 da

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) Ed Moore M. D.
(Address) 301 N. 5th St Columbia Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, A. C. Freeman, Licensed Embalmer No. 2738

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed A. C. Freeman

Licensed Embalmer No. 2738

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