

REC'D MAR 17 1939

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

7026

Do not use this space.

## 1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470  
(b) Township Lawrence Primary Registration District No. 4283  
(c) City Mr. Vernon (d) Street No. \_\_\_\_\_ St.  
(e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 1250 Helen Charlene Brown St.   
Mr. Vernon, Mo. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5<sup>th</sup> 1924  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
14 10 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
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) Sheple, Mo  
(STATE OR COUNTRY) Lawrence Co

13. NAME Halter Brown  
14. BIRTHPLACE (CITY OR TOWN) Mr. Vernon, Mo  
(STATE OR COUNTRY)

15. MAIDEN NAME Mrs. Ina Morgan  
16. BIRTHPLACE (CITY OR TOWN) Miller, Mo  
(STATE OR COUNTRY)

17. INFORMANT Halter Brown  
(ADDRESS) Mr. Vernon, Mo

18. BURIAL, CREMATION, OR REMOVAL Miller, Mo  
PLACE Pleasant Grove DATE July 7<sup>th</sup> 1939

19. FUNERAL DIRECTOR (NAME) George B. Orr  
(ADDRESS) Mr. Vernon, Mo

20. FILED Feb. 7, 1939 P. A. Holmes  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7 - 1939  
22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1939, to Feb. 6, 1939  
I last saw her alive on Feb 6, 1939 Death is said to have occurred on the date stated above, at 10:00 a.m.  
The principal cause of death and related causes of importance were as follows:

Cerebrospinal Meningitis (epidemic meningococcus) Date of onset Feb. 4, 1939

Other contributory causes of importance: 18

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Spinal puncture 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Kenneth Glover, M. D.  
(Address) Mr. Vernon, 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.

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RECEIVED

District Health Officer No. 6,

District File Number

6-39-003

Date Filed

MAR

6 1939

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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.**