

REC'D APR 11 1939

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

10148
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township Washington Primary Registration District No. 1001 Registered No. 306
 (c) City St. Joseph (d) Street No. 321 N. 9th. 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 Ethel Brown

(a) Residence, No. 321 N. 9th. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12th. 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 I 10

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

12. BIRTHPLACE (CITY OR TOWN) Gallatin Mo. (STATE OR COUNTRY)

FATHER 13. NAME Bill Stone
 14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Mary Jane Milstead
 16. BIRTHPLACE (CITY OR TOWN) Gallatin Mo. (STATE OR COUNTRY)

17. INFORMANT Mrs. Lula Bullmaster (ADDRESS) 321 N. 9th. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn DATE Mar. 25th. 1939

19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON INC. (ADDRESS) 1946 Calhoun St. Joseph, Mo.

20. FILED March 23 1939 H. H. Metcalfe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 22nd. 19 39

22. I HEREBY CERTIFY, That I attended deceased from March 14 1939, to March 22 1939

I last saw her alive on March 22 1939 Death is said to have occurred on the date stated above, at 11:55 PM
 The principal cause of death and related causes of importance were as follows:

Date of onset

Hyper tension
Cardio-Vascular Disease

Other contributory causes of importance: 94%
Angina
Arterio Sclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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) Wm Redmond M. D.
 (Address) 629 Francis St. St Joseph, Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 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.....

myself
.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Winifred G Schooley

Licensed Embalmer No.....

39098

P. O. Address.....

1946 Colhoun

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.