REG'D APR 24 1939

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

10609
Do not use this space.

1. PLACE OF DEATH
(a) County Cooper
(b) Township Otterville
(c) City Otterville (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 65 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 2-21
Primary Registration District No. 4134
Registered No. .....

2. PRINT FULL NAME Margaret Elizabeth Brownfield
(a) Residence, No. Otterville, Mo. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 4 - 1851

7. AGE: Years 88 | Months | Days 13 | If LESS than 1 day, ...hrs. or ....min.

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) (STATE OR COUNTRY) Cooper County Mo.

FATHER
13. NAME Mathew Weeden
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Margaret Weeden
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper County Mo.

17. INFORMANT Mrs. Art Speaker
(ADDRESS) Otterville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Otterville, Mo DATE Jan. 21 1939

19. FUNERAL DIRECTOR Parker Funeral Service
(ADDRESS) Otterville, Mo.

20. FILED Jan 18 1939 Paul L. Fogle Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 1 1939 to Jan 17 1939, 1939
I last saw h.. alive on Jan 17, 1939. Death is said to have occurred on the date stated above, at 6:30 a.m. p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Heart Disease	Ok
Y.D.K.	
Other contributory causes of importance:	
Bronchio Pneumonia	Jan 13 39

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) Paul L. Fogle, M. D.
199 (Address) Otterville

(Licensed Embalmer's Statement on Reverse Side)

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.

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

I X12004

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 4/23/34

STATEMENT BY LICENSED EMBALMER

I, L. F. Parker, Licensed Embalmer No. 3840

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

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed L. F. Parker

Licensed Embalmer No. 3840

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.)