

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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0

REC'D APR 11 1939

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

11021  
Do not use this space.

1. PLACE OF DEATH

(a) County Iron Registration District No. 391  
 (b) Township Arcaid Primary Registration District No. 4230 Registered No. 15  
 (c) City Ironton (d) Street No. St. Mary's Hospital 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

Agnes Smith Brown  
 (a) Residence, No. Graniteville Mo. 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 <b>Female</b>	4. COLOR OR RACE <b>white</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <i>write the word</i> ) <b>widowed</b>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>William Brown</b>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Feb. 22, 1858</b>			
7. AGE	YEARS	MONTHS	DAYS
	<b>81</b>	<b>1</b>	<b>0</b>
			If LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>retired</b>		
	9. Industry or business in which work was done, as saw mill, bank, etc. <b>housewife</b>		
	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) <b>Scotland</b> <span style="float: right;">4</span>			
FATHER	13. NAME <b>unknown</b> <span style="float: right;">9</span>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>unknown</b> <span style="float: right;">9</span>		
MOTHER	15. MAIDEN NAME <b>unknown</b>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>unknown</b>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 22, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **March 15, 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 **6.15a.**  
 The principal cause of death and related causes of importance were as follows:  
**pneumonia, bronchial** Date of onset

Other contributory causes of importance:  
**myocarditis**

Name of operation **none** 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) *George Gay* **George Gay, M. D.**  
 (Address) **Ironton, Mo.**

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17. INFORMANT **Tom Brown**  
 (ADDRESS) **Graniteville Mo.**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **Middlebrook Mo** DATE **March 24, 1939**

19. FUNERAL DIRECTOR **Norman White & Sons**  
 (ADDRESS) **Ironton Mo.**

20. FILED **Mar 31, 1939** *R.A. Rasche*  
 Local Registrar.

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**STATEMENT BY LICENSED EMBALMER**

I, ..... Licensed Embalmer No. ....

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

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Licensed Embalmer No. ....

**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.)**