

REC'D MAY 16 1939

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

14177
Do not use this space.

1. PLACE OF DEATH
 (a) County Bates Registration District No. 47
 (b) Township Maund Primary Registration District No. 5071 Registered No. 7
 (c) City _____ (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 James Osborne Brown
 (a) Residence, No. _____ 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Mrs. Alice E. Browne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1951

7. AGE YEARS 87 MONTHS 8 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) London (STATE OR COUNTRY) Ohio

FATHER
 13. NAME James Pollard Brown
 14. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY) _____

MOTHER
 15. MAIDEN NAME Mary Anne Beck
 16. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY) _____

17. INFORMANT Mrs. James Brown (ADDRESS) Butler Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE April 2, 1939

19. FUNERAL DIRECTOR (NAME) Gulver's (ADDRESS) Butler Mo.

20. FILED April 29, 1939 Ethel C. Stephens Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-18, 1938 to 2-17, 1939
 I last saw him alive on 2-17, 1939. Death is said to have occurred on the date stated above, at 8 P. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
 Date of onset _____

Other contributory causes of importance: g.c.

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) Adnesseridge, M. D.
 (Address) Butler 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.

RECEIVED

District Health Officer No. 71
District File Number 7-39-71
Date Filed 5-6-39

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.....

Denton Fish....., Registered Apprentice No. *163*
working under my personal supervision.

Signed *Hattie G. Culver*.....

Licensed Embalmer No. *3069*.....

P. O. Address *Butter, Mo.*.....

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.