

REC'D JUN 22 1939

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

19353
Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 609
(b) Township Neosho Primary Registration District No. 3818
(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

650 May Loemma 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 11 30

OCCUPATION 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) Newton County (STATE OR COUNTRY) Missouri

FATHER 13. NAME Godfred Smith

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME May L. Harner

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Crissie Mary Neosho Mo #3

18. BURIAL, CREMATION, OR REMOVAL PLACE Hale Cemetery DATE 4-28-39

19. FUNERAL DIRECTOR (NAME) Bobby Thompson (ADDRESS) Neosho Mo

20. FILED 5-27-39 Anna R. Salter Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21-39

22. I HEREBY CERTIFY, That I attended deceased from Mar 30 1939, to Apr 21 1939

I last saw her alive on Apr 21 1939. Death is said to have occurred on the date stated above, at 7:55 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage - left side - Paralysis right side

First stroke 10 years ago

Other contributory causes of importance:

Hypertension - J. J. H.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? no

If so, specify _____

(Signed) Re Louson, M. D.

(Address) Neosho Mo

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

Gail K. Gay

Registered Apprentice No. *189*

working under my personal supervision.

Signed *Barley Thompson*

Licensed Embalmer No. *3259*

P. O. Address *Nesko 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.