

30 AUG 9 1939

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

24993  
Do not use this space.

1. PLACE OF DEATH Boone Registration District No. 73  
 (a) County Boone Primary Registration District No. 3006  
 (b) Township Columbia (c) City Columbia (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Letha Jane Brown  
 (a) Residence, No. 818 N 8th St 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) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. C. Brown  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24 1873  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 65 7 6  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
 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) Boone Co Mo  
 FATHER 13. NAME Luke Hearne  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
 MOTHER 15. MAIDEN NAME SALLIE LAMME  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
 17. INFORMANT (ADDRESS) Luke Brown Mexico Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Exp Aug 1st 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. O. Willett Columbia Mo  
 20. FILED 7/31/39 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1939  
 I HEREBY CERTIFY, That I attended deceased from 7-26 to 7-30 1939  
 I last saw her alive on 7-29 1939 Death is said to have occurred on the date stated above, at 12:54.  
 The principal cause of death and related causes of importance were as follows:  
Paralysis Agitans Date of onset Don't know  
8762  
 Other contributory causes of importance: Senile Dementia 6-8-39  
 Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? None Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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 None  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_ (Signed) W. D. Dyer M. D.  
74 (Address) Columbia, 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.

I X1693

FEB 21 1958

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 *me*

Registered Apprentice No. ....

working under my personal supervision.

Signed *Lynnan W. Sprinkle*

Licensed Embalmer No. *4013*

P. O. Address *Columbia, 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.