

1880 AUG 18 1939

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

26416  
Do not use this space.

1. PLACE OF DEATH

(a) County Oregon Registration District No. 632  
(b) Township Thayer Primary Registration District No. 5834 Registered No. 21  
(c) City Thayer (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 Voncile 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 20, 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
23 7 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Teacher  
9. Industry or business in which work was done, as saw mill, bank, etc. Rural School  
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) Oregon County Missouri

FATHER 13. NAME John W. Brown  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ravenden, Ark.

MOTHER 15. MAIDEN NAME Susie Crowell  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon County Missouri

17. INFORMANT (ADDRESS) J. W. Brown, Thayer, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clifton Cem. DATE 7/30/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Leo Carr, Thayer, Mo.

20. FILED 7-30 1939 George Johnson Local Registrar. 563

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28 19 39

22. I HEREBY CERTIFY That I attended deceased from July 12 19 39 to July 20 19 39.  
I last saw him alive on July 20 19 39. Death is said to have occurred on the date stated above at 3:15 A. M.  
The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis 1939

Date of onset

Other contributory causes of importance: 22

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 \_\_\_\_\_, M. D.  
(Signed) George Johnson

(Address) Thayer, 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. 5,

District File Number 83928

Date Filed 8/10/39

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**