

AUG 1 1939

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

26695  
Do not use this space.

1. PLACE OF DEATH  
(a) County Clay Registration District No. 1035  
(b) Township 15th Primary Registration District No. 765 to 13  
(c) City Osceola (d) Street No. 6266 Registered No. 13  
(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 Frank Brown  
(a) Residence, No. 3rd - 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lizzie L. Williams  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8 - 1883  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 55 9 20  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as saw mill, bank, etc. WPA  
10. Date deceased last worked at this occupation (month and year) now 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME John Brown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Frank Brown Osceola

18. BURIAL, CREMATION, OR REMOVAL PLACE Hwy Cem DATE July 14 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Osceola Mo

20. FILED July 27 1939 Hutch Secors Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28 1939

22. I HEREBY CERTIFY That I attended deceased from 19, 1939, to 19, 1939.  
I last saw h. alive on 19, 1939. Death is said to have occurred on the date stated above, at 5:00 m.  
The principal cause of death and related causes of importance were as follows:

From Family history  
Death was due to  
heart attack  
Other contributory causes of importance: None

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 \_\_\_\_\_, 1939.  
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) Osceola Mo  
(Address) Osceola Mo

RECEIVED

District Health Officer No. 7;

District File Number 7-25-107

Date Filed 7-27-39

**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 .....

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 do so with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

26698-  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Clair Registration District No. 1037  
 (b) Township Polk Primary Registration District No. 6013 Registered No. 13  
 (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. 3 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lizzie L. Williams  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-8-1883  
 7. AGE YEARS 55- MONTHS 9 DAYS 20 If LESS than 1 day, .... hrs. or .... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labor  
 9. Industry or business in which work was done, as saw mill, bank, etc. W. P. A.  
 10. Date deceased last worked at this occupation (month and year) 2-20-20 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

FATHER 13. NAME John Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Mrs Frank Brown Osceola Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Harper Cem DATE May 1 1939

19. FUNERAL DIRECTOR (ADDRESS) O. S. Hall Osceola Mo

20. FILED 9 20 1939 Mrs W. J. Hudson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 28 1939

22. I HEREBY CERTIFY, That I attended deceased from 19... to... 19...

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

From family history death was due to heart attack  
 Date of onset

Other contributory causes of importance:

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) O. S. Hall Osceola, M. D.  
 (Address) Osceola Mo

S- 26695

1939