CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
REC'D SEP 21 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30090

Registration District No. 1774 Primary Registration District No. 4465 Registrar's No. 888

1. PLACE OF DEATH:

(a) County St. Francois. 2

(b) City or town Flat River, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

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3. (a) PRINT FULL NAME Little Alice Fay Brand

3. (b) If veteran, name war Child 3. (c) Social Security No. Child

4. Sex Female 5. Color or race White Cave 6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife Child 6. (c) Age of husband or wife if alive years

7. Birth date of deceased August (Month) 11 (Day) 1939 (Year)

8. AGE: Years | Months | Days 14 | If less than one day hr. min.

9. Birthplace Flat River (City, town, or county) Mo (State or foreign country)

10. Usual occupation Child

11. Industry or business Child

FATHER
12. Name Mr Clarence D. Brand
13. Birthplace Leadwood (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Mrs Eva Lewis Brand
15. Birthplace Flat River (City, town, or county) Mo (State or foreign country)

16. (a) Informant's own signature
(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof August 26 1939 (Month) (Day) (Year)
(c) Place: burial or cremation IOOFC St Francois Mo

18. (a) Signature of funeral director Alvin W. Hood
(b) Address Flat River, Mo

19. (a) 8/26/39 (Date received local registrar) (b) C B Farrier (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Francois 1

(c) City or town Flat River Mo
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25
year 1939 hour 6 minute P M.

21. I hereby certify that I attended the deceased from Aug 11, 1939, to Aug 25, 1939
that I last saw her alive on Aug 25, 19
and that death occurred on the date and hour stated above.

Immediate cause of death diarrhea (Cholera infantum) (Cause unknown) Premature — Duration 10 days

Due to

Due to 154

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature C H Appleberry (M. D. or other) MD
Address Flat River MO Date signed 8-26-39

(Licensed Embalmer's Statement on Reverse Side)

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 Alvin W. Hood

Licensed Embalmer No. 3780

P. O. Address Flat River, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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