FILED JAN 24 1940

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

2353
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE
(b) Township or (c) City SPRINGFIELD
Registration District No. 316
Primary Registration District No. 2001
(d) Street No. Springfield Baptist Hospital 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.

Registered No. 15

2. PRINT FULL NAME FREDRICK HENRY BROWN
(a) Residence, No. Billings, Mo. St. Billings, Mo.
(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: MALE
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 Louise Brown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 16, 1877
7. AGE: Years 62 | Months 1 | Days 19 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Doctor
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) (STATE OR COUNTRY) OZARK Missouri

FATHER
13. NAME E. B. BROWN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. Carolina

MOTHER
15. MAIDEN NAME SARAH CLAPP
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk.

17. INFORMANT Louise Brown
(ADDRESS) BILLINGS, MO
18. BURIAL, CREMATION, OR REMOVAL
PLACE Billings Mo DATE ....19
19. FUNERAL DIRECTOR (NAME) A. S. Wallace
(ADDRESS) Billings Mo
20. FILED 1/4/ 1940 Chas A. George M.D. Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 4 1940
22. I HEREBY CERTIFY, That I attended deceased from Nov 12 1939, to Jan 4 1940
I last saw him alive on Jan 3 1940. Death is said to have occurred on the date stated above, at 5:35 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of stomach | 5/10/39 |
| Stomach | |

Other contributory causes of importance:
Exhaustion 40

Name of operation Exploratory Date of 8/1/39
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? No
If so, specify
(Signed) Robert Glynn, M. D.
(Address) Springfield

(Licensed Embalmer's Statement on Reverse Side)

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.

## 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 Ernest R Neal, Registered Apprentice No. _____ working under my personal supervision.

Signed Ernest R Neal

Licensed Embalmer No. 4038

P. O. Address Billings, Mo.

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

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