

V. S. NO. 2.  
50M-9-19-38  
I X1603

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. E.—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.

**FILED MAR 11 1940**

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

6004  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85

(b) Township St. Joseph Primary Registration District No. 1001 Registered No. 206

(c) City St. Joseph (d) Street No. St. Joseph's Hospital St.

(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 Charlotte Anné Brown

(a) Residence, No. 2509 South 6th St. St.  (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) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 4, 1938

7. AGE YEARS 1 MONTHS 2 DAYS 17 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. INFANT

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) St. Joseph, Missouri (STATE OR COUNTRY)

13. NAME Edward Brown

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

15. MAIDEN NAME Mary Pickerell

16. BIRTHPLACE (CITY OR TOWN) Atchison, Kans (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Dolly Pickrell  
Rushville, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Rushville, Mo DATE Feb 23, 1940

19. FUNERAL DIRECTOR (NAME) Tracy Barry Funeral  
(ADDRESS) 218 South 10th St Home

20. FILED Feb 23 40 H. J. Littlebrook  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21, 1940<sup>19</sup>

22. I HEREBY CERTIFY, That I attended deceased from 2/19, 1940, to 2/21, 1940

I last saw her alive on 2-21, 1940 Death is said to have occurred on the date stated above, at 7:23 P.M.

The principal cause of death and related causes of importance were as follows:  
Broncho pneumonia bil.

Other contributory causes of importance: Otitis media l

Name of operation: \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis Clin Was there an autopsy? Yes

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) George W. Steacy, M. D.  
85 (Address) 215 King Bldg

**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.....

**Victor Barry**

Registered Apprentice No. **252**

working under my personal supervision.

Signed

*John E. Myers*

Licensed Embalmer No. **3220**

P. O. Address *St. Joseph*

**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.**