

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

7984  
Do not use this space.

94

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

50M-12-35  
1 X14023

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.

FILED MAR 1 - 1940

1. PLACE OF DEATH

(a) County St. Francis Registration District No. 271

(b) Township Don Primary Registration District No. 6017 Registered No. \_\_\_\_\_

(c) City Bellevue (d) Street No. \_\_\_\_\_ (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 Samuel V. Brown

(a) Residence, No. St. Francis Co. Mo. St.  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male

4. COLOR OR RACE W

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) Oct 3 - 18 84

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

55      3      29

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

9. Industry or business in which work was done, as saw mill, bank, etc. Stock Farmer

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_

11. Total time (years) spent in this occupation \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1940, to Feb 11, 1940

I last saw him alive on Feb 11, 1940 Death is said to have occurred on the date stated above, at 5:30 p. m.

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

Labo Complement Broncho pneumonia, influenza Date of onset 11 W

Other contributory causes of importance: Coronary Fibillation

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

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) R. Richard Crowl, M. D. (Address) Warrensburg, Mo.

12. BIRTHPLACE (CITY OR TOWN) Jullvan, Mo.  
(STATE OR COUNTRY) St. Francis Co. Mo.

13. NAME Samuel V. Brown

14. BIRTHPLACE (CITY OR TOWN) Doak  
(STATE OR COUNTRY) Georgia

15. MAIDEN NAME Nellie Stover

16. BIRTHPLACE (CITY OR TOWN) "Kansas"  
(STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT John W. Daily  
(ADDRESS) Elmore Mount Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Penelton C. Doak Co DATE Feb. 13, 1940

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

20. FILED Feb 13, 1940 F. W. Gale Local Registrar.

---

---

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, .....

*me*

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*C.H. Cozart*

Licensed Embalmer No..... *4084*

P. O. Address *Farmington Mo.*

**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.**