

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

11305
Do not use this space.

FILED APR 29 1940

1. PLACE OF DEATH

(a) County Gasconade Registration District No. 411
 (b) Township Galena Primary Registration District No. 2002 Registered No. _____
 (c) City Joplin (d) Street No. 2203 Connor - St. John's Hosp. 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.

2. PRINT FULL NAME

(a) Residence, No. Mrs. Frances Sarah Brown -
Galena, Kansas St. Galena, Kansas
 (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 Female
 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 DAVE H. BROWN
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28, 1879
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 61 0 25
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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 40 yrs

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

FATHER 13. NAME M. Jones
 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 Mrs. Jewel Ryan
 (ADDRESS) 1110 West 6th St Joplin

18. BURIAL, CREMATION, OR REMOVAL PLACE Galena, Kansas DATE 3-24 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Boice Undertaking Co. Galena, Kansas

20. FILED 3-25-40 Ed Jones Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1940, to March 23, 1940
 I last saw he/she alive on Mar. 23, 1940. Death is said to have occurred on the date stated above, at 3:55 m.

The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
 Date of onset _____
87W
 Other contributory causes of importance:
Be Pneumonia

Name of operation _____ Date of _____
 What test confirmed diagnosis that was (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) Ed Jones, M. D.
 (Address) 660 Jones Bldg. Joplin Mo

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

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.

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RECEIVED

District Health Officer No. 6,

District number 440-1065

Date filed APR 10 1940.

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 comply with the above constitutes grounds for revocation of license.)

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