FILED AUG 23 1940

S. No. ...
—11-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26405

Registration District No. 794 Primary Registration District No. 4475 Registrar's No. 7

7

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Gilliam 9
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

(c) City or town Gilliam
(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.

3. (a) PRINT FULL NAME William Henry Brown 650

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ widowed

6. (b) Name of husband or wife no wife

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Dec. (Month) 17th (Day) 1851 (Year)

8. AGE: Years 88 Months 7 Days 5 If less than one day hr. min.

9. Birthplace Taylorville (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name Jno. W. Brown
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Carolin Cochran
15. Birthplace (City, town, or county) Kentucky. (State or foreign country)

16. (a) Informant H. B. Brown
(b) Address Slater, Mo.

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7- 24- '40 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Gilliam

18. (a) Signature of funeral director Hill Brothers
(b) Address Slater, Mo.

19. (a) (Date received local registrar) (b) J. H. Davidson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22nd year 1940 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Mar 13, 1938, to July 22, 1940 that I last saw him alive on July 22, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage which occurred on Mar 13-1938	
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? 914 (Specify type of place)

While at work? (e) Means of injury

23. Signature J. H. Davidson (M. D. or other)

Address Gilliam Date signed 7-13-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-:2-40

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~~ Edgar Moore, Registered Apprentice No. 230 working under my personal supervision.

Signed R. C. Hill

Licensed Embalmer No. 3090

P. O. Address Slater, 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.