

REC'D JUN 15 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

18905

Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau
 (b) Township Walker
 (c) City California Mo

Registration District No. 571
 Primary Registration District No. 4335

Registered No. 32

(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

Rosie Brown,650(a) Residence, No. California MoSt. ☐

(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

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFWilson Brown

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

Jan, 26, 1881

7. AGE

YEARS

57

MONTHS

3

DAYS

26

If LESS than 1

day, _____ hrs.

or _____ min.

OCCUPATION

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.

House Wife

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)

Arkansas

FATHER

13. NAME

George Mayfield

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

Arkansas

MOTHER

15. MAIDEN NAME

Jeffery

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Arkansas

17. INFORMANT (ADDRESS)

Wilson BrownCalifornia Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Burke CemDATE May 23 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Jack Bowlin,California Mo,20. FILED 5-24 1938

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

May 21 1938

22. I HEREBY CERTIFY, That I attended deceased from

May 17 1938, to May 20 1938I last saw her alive on May 20 1938 Death is saidto have occurred on the date stated above, at 9 A.m.

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

Cronary occlusion

Date of onset

Other contributory causes of importance;

Hyperthyroidism
Chronic Myocarditis

Name of operation _____ Date of _____

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?

If so, specify _____

(Signed) K. C. O'Bannon, D.O.(Address) California, Mo.

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.