

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.

PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH																																
County	<i>Carlisle</i>		Registration District No.	<i>143</i>	File No. <i>16472</i>																														
Township	<i>Carlisle</i>		Primary Registration District No.	<i>S-205</i>	Registered No.																														
Village			(NO.)		St., Ward																														
City			FULL NAME <i>Francis Marion Brown</i>																																
<div> <div>PERSONAL AND STATISTICAL PARTICULARS</div> <div> <div>SEX <i>Male</i></div> <div>COLOR OR RACE <i>White</i></div> <div>SINGLE MARRIED WIDOWED OR DIVORCED <i>Married</i> (Write the word)</div> </div> <div> <div>DATE OF BIRTH <i>July 4, 1827</i> (Month) (Day) (Year)</div> <div>AGE <i>84</i> yrs. <i>10</i> mos. <i>23</i> ds. IF LESS than 1 day, hrs. or min.?</div> <div>OCCUPATION (a) Trade, profession, or particular kind of work <i>Farming</i> (b) General nature of industry, business, or establishment in which employed (or employer) <i>— do —</i></div> <div>BIRTHPLACE (City or town, State or foreign country) <i>Tenn.</i></div> </div> <div> <div>PARENTS</div> <div> <div>NAME OF FATHER <i>Peter Brown</i></div> <div>BIRTHPLACE OF FATHER (City or town, State or foreign country) <i>N. C.</i></div> <div>MAIDEN NAME OF MOTHER <i>Patsy Mose</i></div> <div>BIRTHPLACE OF MOTHER (City or town, State or foreign country) <i>Tenn.</i></div> </div> </div> </div> <tr> <td colspan="6"> <div> <div>THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE</div> <div> <div>(Informant) <i>J. P. Brown</i></div> <div>(ADDRESS) <i>Van Buren, Mo</i></div> </div> <div> <div>Filed <i>May 30, 1912</i></div> <div><i>M. Cotton</i></div> <div>REGISTRAR</div> </div> </div> </td> </tr> <tr> <td colspan="6"> <div> <div>MEDICAL CERTIFICATE OF DEATH</div> <div> <div>DATE OF DEATH <i>May 30, 1912</i> (Month) (Day) (Year)</div> <div>I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____, that I last saw him alive on _____, 191____, and that death occurred, on the date stated above, at _____ m.</div> <div>The CAUSE OF DEATH* was as follows: <i>Paralysis (Left hemiplegia)</i></div> <div> <div><i>66</i> (Duration) yrs. <i>10</i> mos. ds.</div> <div>Contributory <i>Swelling</i> (SECONDARY)</div> <div>(Signed) <i>J. M. Cotton</i> <i>May 30, 1912</i> (Address) <i>in attendance</i></div> </div> </div> </div> </td> </tr> <tr> <td colspan="6"> <div> <div>*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.</div> <div> <div>LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)</div> <div>At place of death yrs. mos. ds. In the State yrs. mos. ds.</div> <div>Where was disease contracted if not at place of death?</div> <div>Former or usual residence</div> </div> </div> </td> </tr> <tr> <td colspan="3">PLACE OF BURIAL OR REMOVAL <i>Brown County,</i></td> <td colspan="3">DATE OF BURIAL <i>5/31/1912</i></td> </tr> <tr> <td colspan="3">UNDERTAKER <i>C. A. Hoskins</i></td> <td colspan="3">ADDRESS <i>Van Buren,</i></td> </tr>						<div> <div>THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE</div> <div> <div>(Informant) <i>J. P. Brown</i></div> <div>(ADDRESS) <i>Van Buren, Mo</i></div> </div> <div> <div>Filed <i>May 30, 1912</i></div> <div><i>M. Cotton</i></div> <div>REGISTRAR</div> </div> </div>						<div> <div>MEDICAL CERTIFICATE OF DEATH</div> <div> <div>DATE OF DEATH <i>May 30, 1912</i> (Month) (Day) (Year)</div> <div>I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____, that I last saw him alive on _____, 191____, and that death occurred, on the date stated above, at _____ m.</div> <div>The CAUSE OF DEATH* was as follows: <i>Paralysis (Left hemiplegia)</i></div> <div> <div><i>66</i> (Duration) yrs. <i>10</i> mos. ds.</div> <div>Contributory <i>Swelling</i> (SECONDARY)</div> <div>(Signed) <i>J. M. Cotton</i> <i>May 30, 1912</i> (Address) <i>in attendance</i></div> </div> </div> </div>						<div> <div>*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.</div> <div> <div>LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)</div> <div>At place of death yrs. mos. ds. In the State yrs. mos. ds.</div> <div>Where was disease contracted if not at place of death?</div> <div>Former or usual residence</div> </div> </div>						PLACE OF BURIAL OR REMOVAL <i>Brown County,</i>			DATE OF BURIAL <i>5/31/1912</i>			UNDERTAKER <i>C. A. Hoskins</i>			ADDRESS <i>Van Buren,</i>		
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Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



PLACE OF DEATH

County Carter
 Township Carter
 or
 Village
 or
 City (NO. _____ St. _____ Ward _____)

REGISTRARS SHALL NOT RE-
 CEIVE A FEE FOR CERTIFICATES
 UNTIL THEY ARE COMPLETED AS
 PRESCRIBED BY LAW.

BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Registration District No. 143 File No. _____
 Primary Registration District No. 5205 Registered No. _____

(If death occurred in a
 hospital or institution,
 give its NAME instead
 of street and number)

FULL NAME Francis Marion Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX m COLOR OR RACE w SINGLE
 MARRIED
 WIDOWED
 OR DIVORCED - wd.
 (Write the word)

DATE OF BIRTH July 7, 1827
 (Month) (Day) (Year)

AGE 84 yrs. 10 mos. 23 ds. If LESS than
 1 day, _____ hrs. or _____ min.

OCCUPATION
 (a) Trade, profession, or
 particular kind of work farmer
 (b) General nature of industry,
 business, or establishment in
 which employed (or employer)

BIRTHPLACE
 (City or town,
 State or foreign country) Tenn.

PARENTS
 NAME OF FATHER Peter Brown
 BIRTHPLACE OF FATHER N. C.
 (City or town, State or foreign country)
 MAIDEN NAME OF MOTHER Egley Moss
 BIRTHPLACE OF MOTHER Tenn.
 (City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. P. Brown
 (ADDRESS) Van Buren Mo.

Filed May 31, 1912 M. Cotton
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 30, 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from
 _____, 191____, to _____, 191____,
 that I last saw him alive on _____, 191____,
 and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Paralysis (left hemiplegia)

(Duration) _____ yrs. 10 mos. _____ ds.
 Contributory Senility
 (SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) J. N. Cotton M. D. X
May 31, 1912 Address Van Buren, Mo. X

*State the Disease Causing Death, or, in deaths from Violent Causes, state
 (1) Means of injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
 RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted
 if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL Brown Tenn. DATE OF BURIAL May 31, 1912

UNDERTAKER C. A. Hoskins ADDRESS Van Buren Mo.

Original file, date MAY, 19____ All information called for must be written on this Supplementary Certificate.

MARGIN RESERVED FOR BINDING

RECEIVED EXACTLY. PHYSICIAN should state
 Exact statement of OCCUPATION is very important.

N. B. - CAUSE

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[Approved by U. S. Census and American Public Health
Association]

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