

JAN 19 1928

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson
Township Jefferson
City Festus (No.)

Registration District No. 421
Primary Registration District No. 4249

File No. 37311
Registered No. 94
St. Ward)

2. FULL NAME

Clarence Sherman Brown

(a) Residence No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 4 1915

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
12 9 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Attend School
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) Vada
(STATE OR COUNTRY) Jefferson MO

10. NAME OF FATHER John Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ballinger Co. Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ella Tucker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

14. INFORMANT Mrs. Ella Brown
(Address) Festus Mo

15. FILED 12/19 27 J.E. Rutledge
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 17, 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1927, to Dec. 17, 1927 that I last saw him alive on Dec. 16, 1927, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute endocarditis
and mitral insufficiency
92A
508 (duration) yrs. mos. 2 ds.
412 Acute Articular Rheumatism
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED 900
IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? DATE OF

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J.E. Rutledge, M. D.
, 19 17 (Address) Festus Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Festus Mo DATE OF BURIAL Dec. 18 1927

20. UNDERTAKER Quenter & Vinyard ADDRESS Festus 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.

