FEB 24 1928

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

Do not use this space.

3812

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.

1. PLACE OF DEATH

County Vernon — Registration District No. 878 — File No.

Township Drywood — Primary Registration District No. 4531 — Registered No. ~~20~~ 1

City Sheldon (No. ..... St. ..... Ward)

2. FULL NAME Thomas David Brown

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 12 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Caucasian
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ ~~(OR) WIFE OF~~ Bettie Peacher Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 13, 1857

7. AGE: Years 70 — Months 8 — Days 12 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Fayette
(STATE OR COUNTRY) Howard County Missouri.

PARENTS

10. NAME OF FATHER Coleman Brown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Louisville
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Harriette Cheshire
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Louisville
(STATE OR COUNTRY) Kentucky

14. INFORMANT C. C. Brown,
(Address) Sheldon, Missouri.

15. FILED Jan 27 1928. Carroll T Beeny
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 25 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1927, to Jan 25, 1928, that I last saw him alive on Jan 25, 1928, and that death occurred, on the date stated above, at 5:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach

41.B

44a

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

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

0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Arthur G Altham, M. D

1/27, 1928 (Address) Sheldon 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: Sheldon Cemetery — DATE OF BURIAL: Jan 27 1927

20. UNDERTAKER: G. B. Beeny & Sons — ADDRESS: Sheldon Mo