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

Do not use this space.

5696

1. PLACE OF DEATH
County Monroe — Registration District No. 579 — File No.
Township Marion — Primary Registration District No. 5776 — Registered No.
City (No. St. Ward)

2. FULL NAME Arthur Marcy Brown
(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 OF~~ Calie Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8/14/1881

7. AGE: Years 46 — Months 5 — Days 19 — If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Mo

PARENTS
10. NAME OF FATHER Geo Washington Brown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Mo
12. MAIDEN NAME OF MOTHER Lilia Dixon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) West Martin Co Penn

14. INFORMANT Joe E. Dixon
(Address) Madison Mo

15. FILED 9/4, 1928 Fred A. Thompson W. W. Eubank REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/3 1928

17. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19 that I last saw h alive on , 19, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidental Shooting
Shot Gun
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 183
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. E. Johnson, M. D
2/3, 1928 (Address) Madison 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: Sunset Hill — DATE OF BURIAL: Feb 5 1928

20. UNDERTAKER: Fred A. Thompson — ADDRESS: Madison, Mo

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.