

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

Do not use this space.

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11900 ^a

1. PLACE OF DEATH
 County Scott Registration District No. 818
 Township Sumner Primary Registration District No. 5762
 City Charleston St. _____ Ward _____
 2. FULL NAME Irving Park Brown
 (a) Residence No. RFD # 2 - 10 miles North of Charleston
 (Usual place of abode)
 Length of residence in city or town where death occurred 15 yrs. mos. _____ ds. How long in U.S., if of foreign birth? yrs. mos. _____ ds.

File No. _____
 Registered No. 18

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OF FACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Pearlee Brown
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 18th 1858
 7. AGE YEARS 70 MONTHS 01 DAYS 29 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) Wright, Kansas
 (STATE OR COUNTRY)
 10. NAME OF FATHER Zelma Brown
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown
 12. MAIDEN NAME OF MOTHER Thequa
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-18 1928 **11:30 A.M.**
 17. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1928, to March 18, 1928, that I last saw alive on Feb. 11, 1928, and that death occurred, on the date stated above, at 1:20 a.m.
 THE CAUSE OF DEATH WAS AS FOLLOWS:
Cancer of Liver (no autopsy had all symptoms indicated metastases of liver) 46 E. (duration) 6 yrs. 6 mos. 6 ds.
 CONTRIBUTORY None known (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.
 18. WHERE WAS DISEASE CONTRACTED 44 B
 IF NOT AT PLACE OF DEATH, _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Physical symptoms
 (Signed) A. H. Chapman, M. D.
 _____, 19 _____ (Address) Charleston, 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.

14. INFORMANT Walter F. Brown
 (Address) Charleston, Mo. RFD # 2
 15. FILED 320 1928 F. S. Vernon
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Grove Cemetery DATE OF BURIAL 3-19 1928
 20. UNDERTAKER Fair W. Co. ADDRESS Charleston

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. 1928

D. Chapman

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