L 24 1926

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

Do not use this space.
29909

1. PLACE OF DEATH
County Camden — Registration District No. 275 — File No. 17
Township Auglaize — Primary Registration District No. 5170B — Registered No. 17
City ... (No. ... St. ... Ward)

2. FULL NAME Charley W 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Allice Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 27 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	53	6	28	

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) Camden Co Mo

PARENTS
10. NAME OF FATHER J. M. Brown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Camden Co Mo
12. MAIDEN NAME OF MOTHER Sarah Jane Rogers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Ky

14. INFORMANT Mrs Oliver Hammons
(Address) R F D No 1 Stanland Mo

15. FILED Sep 25 1926 W A Powers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sep 25 1926

17. I HEREBY CERTIFY, That I attended deceased from — to — , 19..., to ..., 19...
that I last saw h... alive on Sept 24, 1926, and that death occurred, on the date stated above, at 6 ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suicide Cut his own Throat With a Razor.
168

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

CONTRIBUTORY (SECONDARY) 177

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ...
DID AN OPERATION PRECEDE DEATH? no DATE OF ...
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Evidence the Body

(Signed) W W Powers, M. D
Sep 25, 1926 (Address) Stanland 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 High Point Cem — DATE OF BURIAL 27 1926

20. UNDERTAKER Joshua R Jones — ADDRESS Richland 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.