

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

Do not use this space.

570

1. PLACE OF DEATH

County Coaster

Registration District No. 1030

Township Kelley

Primary Registration District No. 5206

City (No.)

File No.

Registered No.

St. Ward

2. FULL NAME

William Franklin 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

M

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

Laura Brown

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

7-31 1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

60

5

5

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)

MO

10. NAME OF FATHER

Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Not known

12. MAIDEN NAME OF MOTHER

Not

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Not known

14.

INFORMANT
(Address)

Herbert Lowe
Hunter MO

15.

FILED 1-10-1929

Glady Davis
REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

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

Jan 4 1929

17.

I HEREBY CERTIFY, That I attended deceased from 19 to 19

that I last saw alive on 19 , and that death occurred, on the date stated above, at 12:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris of heart
94 yrs
80 (duration) 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. NA DATE OF

WAS THERE AN AUTOPSY? NA

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) C. C. Sheets M. D.

, 19 (Address) Ellsinore 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

DATE OF BURIAL

on farm where he lived

1-6 1929

20. UNDERTAKER

ADDRESS

Had none

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.

RECORD

INMUNENT

31

31

Figure 6