

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

Do not use this space.

9531

1. PLACE OF DEATH

County Mercer
Township Morgan
City Princeton

Registration District No. 556

Primary Registration District No. 4328

File No. _____
Registered No. 207
St. _____ Ward _____

2. FULL NAME

Samuel Brown

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

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

Anna Brown

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

June 1 - 1843

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>86</u>	<u>9</u>	<u>20</u>	

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)

Mercer Co. Mo

10. NAME OF FATHER

Sam Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tennessee

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

14. INFORMANT

(Address)

J. W. Brown
Princeton Mo.

15. FILED

3/23/30

J. M. Perry
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

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

March 21 1930

17.

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930, to March 21, 1930
that I last saw him alive on March 21, 1930, and that death occurred, on the date stated above, at 7:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina - pectoris (sudden death). Also had Solaris long disease - chronic - mitral & aortic regurgitation. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Arterio-sclerosis (duration) 10 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)

Phys. findings & history
W. S. Brinston, M. D.
3/22, 1930 (Address) Princeton, 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

Salem Cemetery Mar. 23 1930

20. UNDERTAKER

ADDRESS

Noel Moss Princeton Mo.

