

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

Do not use this space.

1955

**1. PLACE OF DEATH**

County Lewis  
Township Union  
City (No. ....) .....

Registration District No. 480  
Primary Registration District No. 2645

File No. ....  
Registered No. 1 .....

**2. FULL NAME Newton 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 10th 1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
<u>75</u>		<u>2</u>	<u>6</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) .....

9. BIRTHPLACE (CITY OR TOWN) La Grange Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER W.G. Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Jane Loudermilk

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Virginia  
(STATE OR COUNTRY)

14. INFORMANT Mrs Newton Brown  
(Address) La Grange, Mo.

15. FILED 1/14 1931 W.S. Elley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 16<sup>th</sup> 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 9<sup>th</sup> 1931 to Jan 16<sup>th</sup> 1931 that I last saw him alive on Jan 16<sup>th</sup> 1931, and that death occurred, on the date stated above, at 4:00 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pneumonia - Lobar  
108

CONTRIBUTORY (SECONDARY) 108 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH, Don't know

19. DID AN OPERATION PRECEDE DEATH? No DATE OF ✓

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) W. C. O'Neal, M. D.  
1/19, 1931 (Address) Palmyra 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 Dover DATE OF BURIAL Jan 18 19 31

20. UNDERTAKER A.A. Roberts ADDRESS La Grange, Mo

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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6185

