

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

Do not use this space.

25602

**1. PLACE OF DEATH**

County Macon  
Township Macon  
City Macon (No. 1)

Registration District No. 533  
Primary Registration District No. 3027

File No. 75-  
Registered No. 75- St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Gerald C. 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. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen Beece Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26 - 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day. \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
41 8 11

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Traveling Salesman  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo.

FATHER  
13. NAME W. D. Brown  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo.

MOTHER  
15. MAIDEN NAME Mary C. Catron  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette Co. Mo.

17. INFORMANT (ADDRESS) D. Craig Brown Marshall Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hill Cem DATE 7/9 1931

19. UNDERTAKER (ADDRESS) Stephens & Lovelock Macon Mo.

20. FILED 7/13 1931 Mrs. Luke Dunkler Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-7- 1931

22. I HEREBY CERTIFY, That I attended deceased from July 5 1931 to July 7 1931.  
I last saw him alive on July 7 1931. Death is said to have occurred on the date stated above, at 4:40 p.m.  
The principal cause of death and related causes of importance were as follows:

Broncho. Pneumonia Date of onset 7-6-31  
Subsequent to fracture of  
8 + 9 ribs on left side July 4 1931.  
210M  
107A

Other contributory causes of importance:  
Laceration + Contusions 7-4-31  
of face, neck, arm + leg

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide. Date of injury July 4, 1931  
Where did injury occur July 36 Clarendon Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
On the road

Manner of injury Car wreck  
Nature of injury Laceration + Contusions + fracture rib

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify no  
(Signed) J. F. Turner, M. D.  
(Address) Macon, Missouri.  
7/13/31

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.



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