

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

Do not use this space.

28907

1. PLACE OF DEATH

County New Madrid
Township Fairport
City Cass (No. _____, St. _____ Ward)

Registration District No. 604
Primary Registration District No. 37982

File No. 105
Registered No. _____

2. FULL NAME

Blondel 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-16-1931</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>5</u>	<u>5</u>	<u>23</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____			
	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 _____	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cass Mo</u>			
	13. NAME <u>D J Brown</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jefferson CO Mo</u>			
	15. MAIDEN NAME <u>Alis MacMillen</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jefferson CO Mo</u>				
17. INFORMANT <u>D J Brown</u> (ADDRESS) <u>Cass Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Hope</u> DATE <u>8-10-31</u>				
19. UNDERTAKER <u>R M Payne</u> (ADDRESS) <u>Parisville Mo</u>				
20. FILED <u>8/31/31</u> 19 <u>31</u> <u>W. N. O. Barron</u> Registrar.				

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-9-31

22. I HEREBY CERTIFY, That I attended deceased from Cass, 1931, to Aug 4, 1931
I last saw him alive on Aug 4, 1931 Death is said to have occurred on the date stated above at Angy Ever KOC
The principal cause of death and related causes of importance were as follows:
Cerebral Endarteriosclerosis
1197
Other contributory causes of importance:
1197

(Name of operation _____ 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 _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. S. Hollenbeck M. D.
(Address) _____

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

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.

SEP 4 1931

