

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

Do not use this space.

✓ 31839

1. PLACE OF DEATH

County Madison
Township P. 13
City Madison (No.)

Registration District No. 538
Primary Registration District No. 6729

File No.
Registered No.
St. Ward

2. FULL NAME

George Washington 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) Nov 13 1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
35 - 09 18

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) Silvermine
(STATE OR COUNTRY) Madison Co.

10. NAME OF FATHER D. P. Brown Jr
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Iron Mountain
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER M. J. King
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cook's Bluff
(STATE OR COUNTRY) Madison Co Mo

14. INFORMANT Arthur Brown
(Address) 5 Sedgewick Court

15. W. Deub REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4 10 1921

17. I HEREBY CERTIFY, That I attended deceased from Aug 22 1921, to Apr 1 1921, that I last saw h. h. alive on Apr 6 1921, and that death occurred, on the date stated above, at 2 3 PM

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1/2 Pneumonia
100
100%

CONTRIBUTORY (SECONDARY) Nephritis (duration) 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) W. Deub M. D. 19 (Address) Madison

*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 Reputation Cemetery DATE OF BURIAL Apr 2 1921

20. UNDERTAKER White & Son ADDRESS London

245

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Madison
Township Polk
City George Washington Brown (No. _____ St. _____ Ward _____)

Registration District No. 538
Primary Registration District No. 3729

File No. _____
Registered No. _____

2. FULL NAME

George Washington 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.

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 _____

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

FATHER 13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS)

20. FILED Sept 20 19 31 A. V. Dwyer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1 19 31

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the _____ stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Pneumonia
renal
Date of onset _____
Other contributory causes of importance: Nephritis

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) _____, M. D.
(Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S. 31837