

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

Do not use this space.

40494

1. PLACE OF DEATH
 County Cooper Registration District No. 218
 Township _____ Primary Registration District No. 3015
 City Boonville (No. _____) St. _____ Ward _____

2. FULL NAME George J. 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.

File No. 130
 Registered No. 218

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 years

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Resident County

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

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

22. I, HEREBY CERTIFY, That I attended deceased from about Aug 31, 1931, to Dec 18, 1931

I last saw him live on Dec 15, 1931. Death is said to have occurred on the date stated above, at 3 P m.

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

Atherosclerotic degeneration heart blood vessels

Date of onset _____

Other contributory causes of importance:
Probably specific

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

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11

17. INFORMANT Mr. Joe Galladay
 (ADDRESS) Atterville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Atterville DATE Dec 21 - 1931

19. UNDERTAKER Goodman & Bolles
 (ADDRESS) _____

20. FILED DEC 23 31 - GA. Russell
 Registrar.

Name of operation none Date of _____

What test confirmed diagnosis? Cloned Was there an autopsy? No

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? no
 If so, specify _____
 (Signed) Lee J. Truitt, M. D.
 (Address) Boonville Mo.

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.

101 20 1932

MARGIN RESERVED FOR BINDING

V. S. NO. 2.

