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

Do not use this space.

41633

File No. .....

Registered No. .....

1. PLACE OF DEATH

County: Montgomery

Registration District No.: 592

Township: .....

Primary Registration District No.: 4270

City: Montgomery City Mo (No. ..... St. ..... Ward)

2. FULL NAME: Louis 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: 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Hattie Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4/20/1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer

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): Callaway Co

FATHER

13. NAME: Un Known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Un Known

MOTHER

15. MAIDEN NAME: Un Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Un Known

17. INFORMANT (ADDRESS): Ben Harris, Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Montgomery DATE: 12/25/31, 19

19. UNDERTAKER (ADDRESS): C. W. Hopkins, Montgomery City Mo

20. FILED ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12/23/31, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/20, 1931, to 12/23, 1931

I last saw h. alive on 12/22, 1931. Death is said to have occurred on the date stated above, at 10 a.m.

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

Cerebral Hemorrhage — Date of onset 12/18/31

82A

Other contributory causes of importance:

Name of operation: None Date of: .....

What test confirmed diagnosis? Clinical 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) E. W. Finsley, M. D.

(Address) Montgomery City Mo

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.

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

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