

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

Do not use this space.

20491

1. PLACE OF DEATH  
 84 County Polk Registration District No. 701  
 Township Clignet Primary Registration District No. 6292 File No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_ Registered No. 30

2. FULL NAME Cyrus F. 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 Male 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 Alice Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8-1863

|        |           |          |          |  |
|--------|-----------|----------|----------|--|
| 7. AGE | YEARS     | MONTHS   | DAYS     | IF LESS than 1 day, ..... hrs. or ..... min. |
|        | <u>69</u> | <u>5</u> | <u>4</u> |  |

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 200 B

10. Date deceased last worked at this occupation (month and year) June 11-32 11. Total time (years) spent in this occupation. 69

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas Co Mo

MOTHER FATHER

13. NAME Ed Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas Co Mo

15. MAIDEN NAME Sarah Jenkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 2

17. INFORMANT Mrs. Mark Winton  
 (ADDRESS) Clignet 770

18. BURIAL, CREMATION, OR REMOVAL PLACE Ussant Ridge DATE June 14, 1932

19. UNDERTAKER Nutcher Blue  
 (ADDRESS) \_\_\_\_\_

20. FILED 6-14-1932 J. F. Robert  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1932 to June 17, 1932  
 I last saw him alive on June 12, 1932 Death is said to have occurred on the date stated above, at 11:20 m.  
 The principal cause of death and related causes of importance were as follows:  
No diagnosis made as he was dead when I first saw him  
 Other contributory causes of importance: \_\_\_\_\_

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 D E Hammertree, M. D.  
 (Signed) \_\_\_\_\_ (Address) Polivar 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.

JUN 26 1932

MARGIN RESERVED FOR BINDING

V. 54 NO. 2

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