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.

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

Do not use this space. 24312

File No. .....
Registered No. 6431

1. PLACE OF DEATH
County Ville Bros/Hosp. Registration District No. 79T
Township ..... Primary Registration District No. 1003
City St. Louis Mo. (No. ....., ... St. ..... Ward)

2. FULL NAME Michael M. Brown
(a) Residence, No. ..... St., ... Ward. Crystal City, Mo.
(Usual place of abode) (If not resident, 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 Carrie E. Brown

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

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
about 80 yrs.			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glassworker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pittsburg Glass Co.
10. Date deceased last worked at this occupation (month and year) July 1931
11. Total time (years) spent in this occupation 21 yrs.

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

FATHER
13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs. Carrie E. Brown Crystal City Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Crystal City Mo. DATE July 14, 1932

19. UNDERTAKER Wm F. Barnhart
(ADDRESS) Crystal City Mo.

20. FILED JUL 12 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1932, to July 12, 1932
I last saw him alive on July 6th, 1932. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Rectum	unknown
46D	
93C	
Other contributory causes of importance:	
Chronic myocarditis	1-1-30

46D

Name of operation none Date of .....
What test confirmed diagnosis? Course 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) W. A. Schneider, M. D.
(Address) 2711 Marcus St. St. Louis Mo.