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

Do not use this space.

32011

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No.
Township Springfield — Primary Registration District No. 2601 — Registered No. 737
City (No. 2611 East Ave St. Ward)

2. FULL NAME Infant son of Burr & Gladys Brown

(a) Residence, No. 2611 East Ave St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27-1932

7. AGE: YEARS 0 — MONTHS 0 — DAYS 0 — If LESS than 1 day, 8 hrs. or 3 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Mo.

FATHER
13. NAME Burr Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Gladys Stierwalt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Burr Brown Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dishman Cemetery DATE Oct 28- 1932

19. UNDERTAKER (ADDRESS) J. W. Klingner & Co Springfield, Mo.

20. FILED 10-28, 1932 Ralph W. Langston Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/27, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/27, 1932, to 10-27, 1932

I last saw him alive on 10-27, 1932. Death is said to have occurred on the date stated above, at 4 P.M.

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

157C
159
Failure of closing of foramen ovale

Date of onset

Other contributory causes of importance:

Premature Birth (8 mos)

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? No

If so, specify

(Signed) W. T. Walsh M. D.

(Address) 540 E. Comb Springfield 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.

NOV 23 1932

PERMANENT RECORD