

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

Do not use this space.

34624

1. PLACE OF DEATH

County ADAIR
Township Oetting
City MILLARD MO (No.)

Registration District No. 4
Primary Registration District No. 5-007

File No.
Registered No. 186 St. Ward)

2. FULL NAME GARLAND A BROWN

(a) Residence, No. MILLARD MO St., Ward.
(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. (If nonresident, give city or town and State)

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 MARRIED

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC 10th 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 10 28

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. STOCK & GRAIN

10. Date deceased last worked at this occupation (month and year) 1931 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MENROE MO

13. NAME ARMSTED BROWN

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

15. MAIDEN NAME ZERALLA JANE BROWN
NO CHANGE IN NAME

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

17. INFORMANT MRS R B MORGAN
(ADDRESS) MILLARD MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE STUCKEY CEMETERY DATE 11.9 1932

19. UNDERTAKER DAVIS & WILSON
(ADDRESS) KIRKSVILLE MO

20. FILED Nov 3 19 32 Miss O/H Becker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-8 1932

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1929, to Nov 7, 1932

I last saw him alive on Nov 7, 1932. Death is said to have occurred on the date stated above, at 1.0 m.

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

Chronic Myocarditis
Nephritis

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? Chemical and Laboratory 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?.....
If so, specify.....

(Signed) Geo. F. Seward, M. D.
(Address) 104 1/2 N. Franklin Kirksville

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.

