

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

Do not use this space.

40372

1. PLACE OF DEATH

53 County Laclede
Township Lecom
City (No.) St. Ward)

Registration District No. 449
Primary Registration District No. 5509

File No.
Registered No. 1796

2. FULL NAME

Harold 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 27th 1932</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Laclede County, Mo.</u>	
	13. NAME <u>W. H. Brown</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wright Co. Mo.</u>	
	15. MAIDEN NAME <u>Bellie Daffey</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT <u>W. H. Brown</u> (ADDRESS) <u>Lecom Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Catharine's</u> DATE <u>12-23</u> 19 <u>32</u>		
19. UNDERTAKER <u>John Lecom</u> (ADDRESS)		
20. FILED <u>12/22</u> , 19 <u>32</u> <u>J. M. Bellamy</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1932 to Dec. 22, 1932.
I last saw him alive on Dec. 21, 1932. Death is said to have occurred on the date stated above, at 5:00 A.M.
The principal cause of death and related causes of importance were as follows:
acute ileo-colitis

Date of onset Dec. 19

1193/19 (1)

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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) H. A. Hamilton, M. D.
(Address) Lecom, 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.

WHILE IN THE PAST, WITH CHANGING INADEQUACY THIS IS A PERMANENT RECORD

