

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

Do not use this space.

41161

1. PLACE OF DEATH

County Barren
Township Barren
City (No.) St. Ward

Registration District No. 716
Primary Registration District No. 5945

File No.
Registered No. 22

2. FULL NAME

(a) Residence, No. 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jane Boyd
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1853
7. AGE YEARS 79 MONTHS 6 DAYS 24 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Unknown 31

13. NAME Dea. T. Brown

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

15. MAIDEN NAME Bartha Aldred

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

17. INFORMANT (ADDRESS) Orville Brown

18. BURIAL, CREMATION, OR REMOVAL PLACE Gravestone DATE Aug 11, 1937

19. UNDERTAKER (ADDRESS) Paul H. Brown

20. FILED Aug 10, 1937 Registrar W. J. Giff

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1937 to Aug 10, 1937

I last saw him alive on Aug 7, 1937 Death is said to have occurred on the date stated above, at 8:00 p.m.

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

Acute Parenchymatous Nephritis Date of onset July 1, 1937

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Other contributory causes of importance: Unknown

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

(Signed) W. J. Giff M. D.

(Address) Gravestone

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.

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