

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

Do not use this space.

17107

1. PLACE OF DEATH

60 County McDonald Registration District No. 1167
Township Richwood Primary Registration District No. 5699
City (No.) St. Ward

File No. _____
Registered No. 9

2. FULL NAME

Burgeson Pratt Brown
(a) Residence, No. Box 700 RR Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 4 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 Roberta Brown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10 1879
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 6 5
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.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 6 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La Porte Iowa

13. NAME Thomas Brown

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

15. MAIDEN NAME Rebecca Pratt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT Mrs Roberta Brown
(ADDRESS) Exeter Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Eldorado Springs DATE May 20, 1933

19. UNDERTAKER (ADDRESS) Belknap Funeral Home
Wheeler Mo

20. FILED May 29, 1933 E. Edmondson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from not at all, 1933, to _____, 19____.
I last saw him alive on not at all, 19____. Death is said to have occurred on the date stated above, at 4 a.m.

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

Dead where I saw him Date of onset _____

Heart Disease

95 B

Other contributory causes of importance: 95 B

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) O. S. McNeill, M. D.

(Address) Wheeler 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.

JUN 23 1933

MOTHER FATHER 2 5 9

