

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

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 10 1933

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

Do not use this space.

23814A

1. PLACE OF DEATH
67 County Miss Registration District No. 566
Township Jay Primary Registration District No. 5262
City Warrenton (No.) St. Ward

2. FULL NAME Patricia Jo Ann 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 21-1933</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>X</u>
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) <u>Miss Co. Mo</u>		
13. NAME <u>Pascal Brown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss. Co.</u>		
15. MAIDEN NAME <u>Verble L Banks</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT <u>Boreo Brown</u> (ADDRESS) <u>Charleston Mo #1</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dick Grove</u> DATE <u>July</u> 19 <u>33</u>		
19. UNDERTAKER <u>Marshall Funeral Co</u> (ADDRESS) <u>Charleston Mo</u>		
20. FILED <u>14</u> 19 <u>33</u> <u>J. J. Vernon</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH 7 P.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 1933

22. I HEREBY CERTIFY That I attended deceased from June 21 1933, to July 8 1933
I last saw him alive on July 6 1933. Death is said to have occurred on the date stated above, at 1 A.M.
The principal cause of death and related causes of importance were as follows:
Cholera Infantum Date of onset

Other contributory causes of importance:
119A 119B

Name of operation no Date of
What test confirmed diagnosis? Spec 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? no
If so, specify
(Signed) Ed Marshall, M. D.
(Address) Wyatt Mo

