

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

Do not use this space.

1. PLACE OF DEATH

73 County Newton Registration District No. 612
Township Van Buren Primary Registration District No. 5814
City Sarcoxie (No. R. 7 D.) St. _____ Ward _____

File No. 23940
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Sterling Price Brown
(a) Residence, Not (Usual place of abode) Sarcoxie, mo. St. R. 7 D. Ward _____
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 yrs. 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) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ethel Brown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 20, 1865
7. AGE YEARS 67 MONTHS 9 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) Ottawa, County, Missouri
(STATE OR COUNTRY)

13. NAME Gideon L. Brown

14. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Ann Blankley

16. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) Tennessee

17. INFORMANT Mr. W. Thomas Brown
(ADDRESS) Sarcoxie, mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACES Sarcoxie Cem. DATE July 24, 1933

19. UNDERTAKER Glen C. Call
(ADDRESS) Sarcoxie, mo.

20. FILED T-24 19 33 Grace Hudson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 1933

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1933, to July 23, 1933
I last saw him alive on July 22, 1933. Death is said to have occurred on the date stated above, at 9:30 A.M.
The principal cause of death and related causes of importance were as follows:

Intestinal influenza Date of onset July 16, 33

Other contributory causes of importance: Chronic Gastritis

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) J. W. Doehl, M. D.
(Address) Sarcoxie, mo.

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.

AUG 2 9 1933

MOTHER FATHER

