

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

Do not use this space.

26634

1. PLACE OF DEATH

County Jackson
Township Stark
City W. G. Mo (No. 5408)

Registration District No. 399
Primary Registration District No. 1002
Wabash

File No. _____
Registered No. 3387
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 5408 Wabash St., _____ Ward.

(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>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Lydia Brown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 18-1856</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>8</u>
	DAYS <u>5</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Farming</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>England</u>	
FATHER	13. NAME	<u>Samuel Brown</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>England</u>
MOTHER	15. MAIDEN NAME	<u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Unknown</u>
17. INFORMANT (ADDRESS)	<u>Samuel Brown</u>	
18. BURIAL CREMATION, OR REMOVAL	<u>Int Hope</u>	
PLACE	DATE	<u>Aug 25, 1933</u>
19. UNDERTAKER (ADDRESS)	<u>Rose + Anderson</u>	
20. FILED	<u>8-25 1933 M. M. Crowe</u>	

4 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from August 1933 to Aug 23, 1933
I last saw him alive on Aug 23, 1933 Death is said to have occurred on the date stated above, at 8:30 AM
The principal cause of death, and related causes of importance were as follows:
Acute dilatation Right side of heart Date of onset 8/23-33
Chronic endocarditis of Aortic valve 1928
Other contributory causes of importance:
Arteriosclerosis
Brain
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Name of operation none Date of none
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury none
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify none
(Signed) George P. Dagg M. D.
(Address) Wabash, 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.

SEP 26 1933

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WRITE PEANUTS WITH UNFADING INK—THIS IS A PERMANENT RECORD

