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

Do not use this space.

31883

File No.

Registered No. 31

Registration District No. 799

Primary Registration District No. 4479

1. PLACE OF DEATH
County Saline
Township
City Slater No. St. Ward)

1-2. FULL NAME Charlie 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: Male
4. COLOR OR RACE: Colored
5. SINGLE, ~~MARRIED, WIDOWED~~, OR ~~DIVORCED~~ (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Febry 18-1874

7. AGE: Years 59 | Months 6 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Mexico Mo

FATHER
13. NAME Joe Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Mabel Shipton
(ADDRESS) Slater Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sept-16-33 DATE Slater Colored Cem

19. UNDERTAKER Jones and Sager
(ADDRESS) Slater Mo

20. FILED Sept. 15, 1933 LaVonne Crawford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept-13, 1933, to Sept-13-33, 1933
I last saw him alive on 19 Death is said to have occurred on the date stated above, at 10 am
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Alcoholism	
Acute Dilation of Heart	
Acute Alcohol	

Other contributory causes of importance: 181

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) [illegible], M. D.
(Address) [illegible]

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

OCT 2 [illegible]