

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.

1. PLACE OF DEATH

County Adair
Township
City Kirkville (No.)

Registration District No. 4
Primary Registration District No. 3.0.01

File No. 32070
Registered No. 174
St. Ward)

2. FULL NAME

(a) Residence, No. 403 W. Cottonwood 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs Norman Brown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-13-1900</u>		
7. AGE	YEARS	MONTHS
	<u>32</u>	<u>11</u>
		DAYS
		<u>24</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>Truck Driver</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Dandrea Bakery</u>
	10. Date deceased last worked at this occupation (month and year) <u>Sept. 25, 1933</u>
	11. Total time (years) spent in this occupation <u>2 yr.</u>

12. BIRTHPLACE (CITY OR TOWN) Savanna
(STATE OR COUNTRY) Iowa

FATHER 13. NAME Elverson L. Brown

FATHER 14. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Marquet Smallwood

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Iowa
(STATE OR COUNTRY)

17. INFORMANT E. L. Brown
(ADDRESS) Lancaster Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lancaster, Ia DATE 10-8- 1933

19. UNDERTAKER Dr. Kelly
(ADDRESS) Kirkville Mo.

20. FILED Oct 12 1933 Mrs C H Becker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 6th 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 27th 1933, to Oct. 6th 1933

I last saw him alive on Oct 6th 1933 Death is said to have occurred on the date stated above, at 2:30 m.

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

Paratyphoid Fever Date of onset

1933

Other contributory causes of importance:
Hemorrhage (Intestinal)

Name of operation None Date of
What test confirmed diagnosis? Culture and lab 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) Geo. F. Sured, M. D.

(Address) 104 1/2 N. Franklin, Kirkville Mo.

