

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.

FEB 4 1934

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

Do not use this space.

38874

1. PLACE OF DEATH

County Taney
Township Big Creek
City Postum

Registration District No. 858
Primary Registration District No. 6126

File No.
Registered No.
St. Ward)

2. FULL NAME

Joe Andrew 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>W</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>Milda Brown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-9-1844</u>		
7. AGE YEARS <u>89</u>	MONTHS	DAYS <u>14</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. <u>Farmer</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>New York</u>		
MOTHER FATHER	13. NAME <u>David Brown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT <u>Clifford Brown</u> (ADDRESS) <u>Postum</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Postum</u> DATE <u>11-25-33</u>		
19. UNDERTAKER <u>A. J. Ogden</u> (ADDRESS) <u>Postum</u>		
20. FILED <u>Nov 25 1933</u> <u>James Wolf</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-23-33

22. I HEREBY CERTIFY, That I attended deceased from 11-17-33 1933 to 11-23-33 1933
I last saw him alive on 11-20-33 1933. Death is said to have occurred on the date stated above, at 6:30 P.M.
The principal cause of death and related causes of importance were as follows:
Cystitis
1950
102 = 135
Date of onset

Other contributory causes of importance
Senility

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) M. M. Callen, M. D.
(Address) Postum

11-8

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