

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.

JAN 26 1934

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

Do not use this space.

39042

1. PLACE OF DEATH

4 County Andrew Registration District No. 26
Township Salt River Primary Registration District No. 5034
City Meriden Ala (No. _____) St. _____ Ward _____

File No. _____
Registered No. 183

2. FULL NAME

Geo. Hamilton Brown
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Fizzie Brown (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 9 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 137
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 137
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co. Mo.

13. NAME Jack Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Jane Robertson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Wm. F. Brown (ADDRESS) Meriden Mo. R. R. 501

18. BURIAL, CREMATION, OR REMOVAL PLACE Mexico Mo. DATE Dec. 26 1933

19. UNDERTAKER McPherson (ADDRESS) Mexico Mo.

20. FILED Dec 26 1933 J. D. Milligan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11 1933, to Dec 24 1933
I last saw him alive on Dec 24 1933 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Chronic Gastritis 2 yrs
Uremia
Prostatitis, chronic 2 yrs
Other contributory causes of importance: _____
Name of operation None Date of _____
What test confirmed diagnosis? Urinal 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) Paul E. Coak M. D.
(Address) Mexico Mo.

