

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

Do not use this space.

1. PLACE OF DEATH

County Bollinger
Township Brook Creek
City near Patton, Mo. (No.)

Registration District No. 68
Primary Registration District No. 5103

File No. 7789
Registered No.
St. Ward)

2. FULL NAME

(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. 4 mos. 1 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>Mary Jane Brown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-10-1867</u>		
7. AGE	YEARS	MONTHS
	<u>72</u>	<u>4</u>
		DAYS
		<u>20</u>
		If LESS than 1 day, <u>✓</u> hrs. <u>✓</u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Merchant Ed</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>	
	10. Date deceased last worked at this occupation (month and year) <u>✓</u>	11. Total time (years) spent in this occupation <u>✓</u>

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
	13. NAME <u>Charles R. Brown</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>State of Ohio</u>
	15. MAIDEN NAME <u>Olivia E. Perry</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>State of Ohio</u>
	17. INFORMANT (NAME) <u>(Wife) Mrs. C. H. Brown</u>
	(ADDRESS) <u>Patton, Mo.</u>
	18. BURIAL, CREMATION, OR REMOVAL
	PLACE <u>Mt. Carmel Ave.</u> DATE <u>3-31-1934</u>
	19. UNDERTAKER <u>✓</u>
	(ADDRESS)
	20. FILED <u>3/1</u> <u>1934</u> <u>Bertha Watson</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-30-1934

22. I HEREBY CERTIFY, That I attended deceased from ✓ 19✓ to ✓ 19✓

I last saw him ✓ alive on ✓ 19✓ Death is said

to have occurred on the date stated above, at 8 A. m.

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

Date of onset

Arterial New mortgage
or Pulmonary. 238

Other contributory causes of importance: 1038

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 ✓

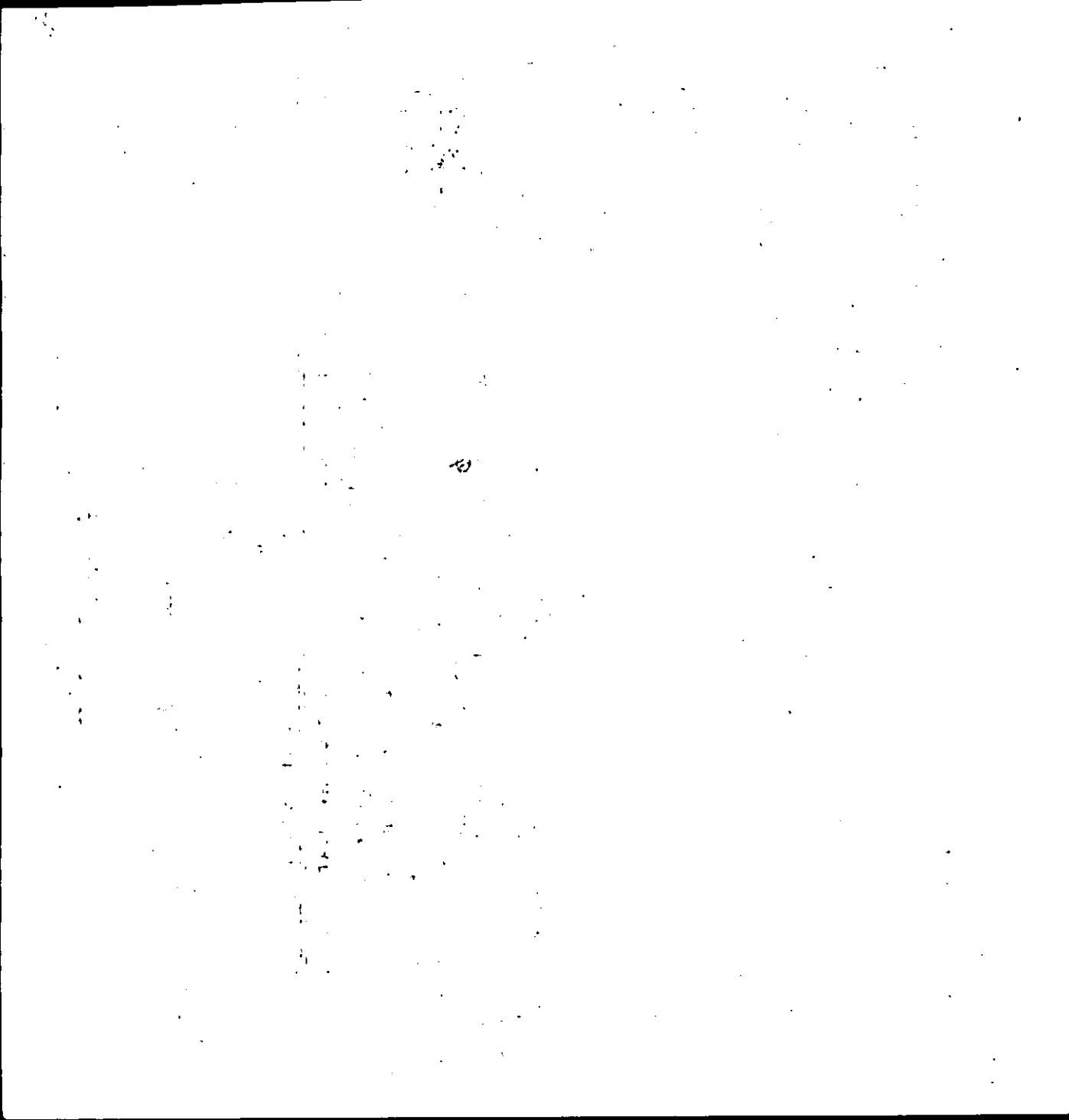
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify ✓

(Signed) J. A. Van Auburgh Coroner

(Address) Patton, Mo.



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