

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

Do not use this space.

8214

1. PLACE OF DEATH

County Cedar
Township Madison
City Madison

Registration District No. 167 ~~167~~
Primary Registration District No. 5233

File No. 6
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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Claude Lester Brown

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>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 15 - 1911</u>				
7. AGE	YEARS <u>22</u>	MONTHS <u>11</u>	DAYS <u>20</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>Farmer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>			
	10. Date deceased last worked at this occupation (month and year) <u>April, 1934</u>			
				11. Total time (years) spent in this occupation. <u>2 1/2</u>
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fair Play - Mo</u>			
	13. NAME <u>Walter Brown</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fair Play - Mo</u>			
	15. MAIDEN NAME <u>Rosie Powell</u>			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Edge Co Mo</u>			
	17. INFORMANT <u>Walter Brown</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wagon Creek</u> DATE <u>March 9</u> 19 <u>34</u>				
19. UNDERTAKER <u>Brown and Baker</u> (Address) <u>Wagon Creek</u>				
20. FILED <u>3-9</u> 19 <u>34</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 23 1934 to March 8 1934.
I last saw him alive on March 8 1934. Death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:
Lathyrus Toxicus Date of onset 3-3-34

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Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 no
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) Chas. Brown M. D.
(Address) Fair Play - Mo

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.

