

MAY 25 1934

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

Do not use this space.

12395

1. PLACE OF DEATH

County Rehoboth
Township Sherman
City Rehoboth

Registration District No. 254

Primary Registration District No. 5861

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. RFD #2 Aunity, Mo.
(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Freda Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 5th 1895

7. AGE YEARS 38 MONTHS 05 DAYS 19 If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. general farm
10. Date deceased last worked at this occupation (month and year) Apr 24 - 1934 11. Total time (years) 24 spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Co. Ill

13. NAME Charles H Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Co. Ill

15. MAIDEN NAME Leahella Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Co. Ill

17. INFORMANT Freda Brown (ADDRESS) Unity, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph, Mo. DATE 7/26

19. UNDERTAKER Kingley & Stanley (ADDRESS) St. Joe, Mo.

20. FILED 4/25 1934 Mrs. Nellie Gibson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 24 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 5 P. m.

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

Called after death as coroner for Rehoboth Co. Mo. Date of onset _____

Other contributory causes of importance:

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? suicide Date of injury Apr 24, 1934

Where did injury occur? at his home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

at residence

Manner of injury gun shot wound

Nature of injury thru heart

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) L. E. Saunders Coroner

(Address) Stewartville, Mo.

Coroner, Rehoboth Co., Mo.

