

MAY 25 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Shannon
 Township Linn
 City Shannon (No.)

Registration District No. 824
 Primary Registration District No. 6076

File No. 15411
 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Brown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July - 20 - 1887
 7. AGE YEARS 82 MONTHS 8 DAYS 27 If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm
 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) Mo

13. NAME Brown Brown

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) C. A. Brown

18. BURIAL, CREMATION, OR REMOVAL PLACE Shannon Chapel DATE Apr 18 - 1934

19. UNDERTAKER (ADDRESS) none

20. FILED 4-17-1934 Frank Legum Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 17 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 - 1934, to Apr 17 - 1934
 I last saw him alive on Mar 16 - 1934. Death is said

to have occurred on the date stated above, at 80 m.
 The principal cause of death and related causes of importance were as follows:

Cancer of Rectum Date of onset

Other contributory causes of importance: 46D 46

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) Frank Heydel, M. D.

(Address) Shannon 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.

