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.

JUN 19 1934

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 16726
Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]
City K. C. Mo (No. Research Hospital St. ..... Ward)

2. FULL NAME Charles Brown
(a) Residence, No. Pawhuska Okla 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: 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 Florence Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-18-1888

7. AGE — YEARS: 46 — MONTHS: — DAYS: 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Osage Indian
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) Oklahoma

FATHER
13. NAME No Record
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record " "

MOTHER
15. MAIDEN NAME No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record " "

17. INFORMANT (ADDRESS) Florence Brown Pawhuska, Okla.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pawhuska Okla DATE MAY 1934

19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster K. C. Mo.

20. FILED May 11 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1934, to May 10, 1934
I last saw him alive on May 10, 1934. Death is said to have occurred on the date stated above, at 8 30 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma 121 A	
57	
Ruptured Appendix 129	
General Peritonitis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

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) Robert Davis, M. D.
(Address) 1024 Professional Bldg.