

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

Do not use this space.

17601

1. PLACE OF DEATH

County Boonville Registration District No. 114 File No. 4
Township Godair Primary Registration District No. 5867 Registered No. _____
City (No. _____) St. _____ Ward _____

2. FULL NAME

Walter Emerson Brown
(a) Residence, No. Boonville Mo. St. _____ Ward _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12 1934
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 19
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) near Boonville Mo.

13. NAME John Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Point Pleasant Mo.

15. MAIDEN NAME Maybelle Maloney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid Mo.

17. INFORMANT (ADDRESS) John Brown Boonville

18. BURIAL, CREMATION, OR REMOVAL PLACE Boonville DATE June 1st 1934

19. UNDERTAKER (ADDRESS) R. M. Parke Boonville, Mo.

20. FILED 47 19 34 Ch. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31st 1934

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

I last saw h. _____ alive on _____, 19____. Death is said

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

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

Premature birth. died when could get a doctor. Neighbor woman with one woman get birth, it was supposed to quick born about 5 weeks before time. Premature birth caused by measles.

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) Ch. Cook Local Registrar (Address) Boonville, 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.

JUN 25 1934

