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

Do not use this space.

JUL 16 1934

1. PLACE OF DEATH

County: Cape Girardeau — Registration District No. 125 300 9 — File No. 19737

Township: — Primary Registration District No. 5-178 — Registered No. 105

City: Cape Girardeau (No. Southeast Missouri Hospital St. Ward)

2. FULL NAME Brown, Earl Steve

(a) Residence, No. Marston Mo St., Ward. Marston Mo (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Caucasian	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-6-1927

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
7	7	11	

OCCUPATION

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

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) Marston Missouri

FATHER

13. NAME Brown, Marvin Dennis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trenton Tenn.

MOTHER

15. MAIDEN NAME Holland, Myrtle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anniston Mo.

17. INFORMANT (ADDRESS) Holland, Guy Marston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Memphis DATE June 29, 1934

19. UNDERTAKER (ADDRESS) Richards Und Co, New Madrid Mo

20. FILED 6-28-1934 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-28, 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-24, 1934, to 6-28, 1934

I last saw him alive on 6-28, 1934 Death is said to have occurred on the date stated above, at 10 45 p.m.

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

	Date of onset
Ulcerative Stomatitis	
Gangrenous (Noma)	6-17-34
Other contributory causes of importance:	
Colitis	
	6-10-34

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

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) W. W. Shelby, M. D.

(Address) Cape Girardeau, 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.