

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

Do not use this space.

1. PLACE OF DEATH

County Randolph
Township Moberly
City Moberly (No. _____)

Registration District No. 735
Primary Registration District No. 3034

File No. 21559
Registered No. 99
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 879 N Cortes 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 col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) mar 1 / 68

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 3 7

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

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 Jack Brown

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

15. MAIDEN NAME unknown

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

17. INFORMANT Mrs Amanda Richardson (ADDRESS) Moberly, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Green DATE June 10 1934

19. UNDERTAKER (ADDRESS) Robert H. Carr Moberly, Mo.

20. FILED 69 1934 Virginia Walker Registrar (Address) Moberly Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8 1934

22. I HEREBY CERTIFY That I attended deceased from May 27 1934 to June 8 1934

I last saw him alive on June 7th 1934 Death is said to have occurred on the date stated above, at 12 a.m.

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

Acute dilatation of Heart Date of onset _____

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95B
97

Other contributory causes of importance:
Arteriosclerosis
Secularity

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 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

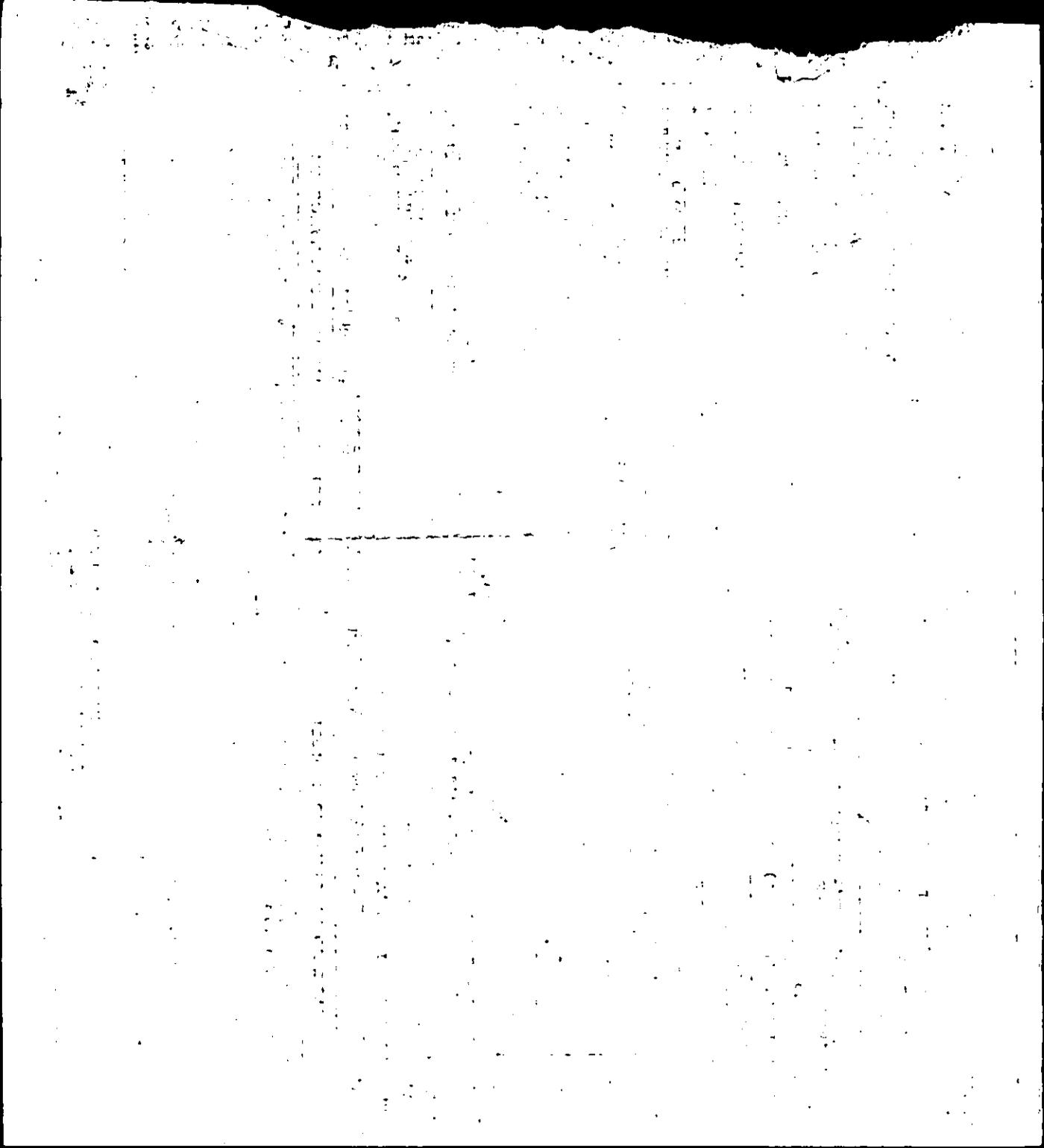
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) A. H. Longdon, M. D.

ALL PHYSICIANS should state EXACTLY PHYSICIAN'S should state Exact statement of OCCUPATION is very important.

JUN 29 1934



#2 *Randolph*

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McLaugh, M. D.,
Special Agent,
Jefferson City, Mo.

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: *Tobe Brown*

Who died at _____ on *June - 8 - 1934*

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex *M* Color or race *W.* (Single, married, widowed or divorced: _____)

Date of birth _____ Age: Years *66* Months *3* Days *7*

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) *93A*

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: *Acute Dilatation of heart*
Acute myocarditis

Other contributory causes of importance *Arterio Sclerosis - Senility*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar *Virginia Walker*

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. *735*

Primary Reg. Dist. No. *3034*

Very truly yours,

E. T. McLaugh, M.D.
Special Agent.

A record of information should be carefully supplied. ACF 1-1-34. It should be stated if cause of death in plain terms, so as to

5-21559