

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

JUL 13 1934

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

Do not use this space.

22840

**1. PLACE OF DEATH**

County Scott Registration District No. 816 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 4492 Registered No. 11  
 City Chaffee (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Claud Owen Mc Brown  
 (a) Residence, No. 203 Elliot Ave St. 4 Ward. \_\_\_\_\_ (If nonresident, give city or town and State)  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Effie D Mc Brown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 9 1880</u>		
7. AGE	YEARS <u>53</u>	MONTHS <u>7</u>
	DAYS <u>10</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Chief Clerk</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Railroad</u>	
	10. Date deceased last worked at this occupation (month and year) <u>June 1934</u>	11. Total time (years) spent in this occupation <u>32</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wrightsville, Oklahoma</u>		
FATHER	13. NAME <u>Benjamin Mc Brown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Va. Georgia</u>	
MOTHER	15. MAIDEN NAME <u>Josephine Perry</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No records. W. Va. Georgia</u>	
17. INFORMANT <u>Mrs E. O. Mc Brown</u> (ADDRESS) <u>Chaffee Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chaffee Mo</u> DATE <u>June 21 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Chaffee Mo</u>		
20. FILED <u>6/20 1934</u> <u>W. B. Newey</u> Registrar		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-19 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-19 1934, to 6-19 1934.  
 I last saw him alive on 6-19 1934. Death is said to have occurred on the date stated above, at 7:30 m.  
 The principal cause of death and related causes of importance were as follows:  
Was dead when I arrived from Natural Causes  
Sudden death Heart failure  
Anemia Pericarditis about 2-1-  
Coronary Sclerosis 1934  
 Other contributory causes of importance: Suppressed  
None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? NO 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. B. Newey, M. D.  
 (Address) Chaffee Mo

JUN 28 1955