

JAN 5 1935

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

Do not use this space.

1. PLACE OF DEATH
 22 County Christian Registration District No. 185- File No. 38827
 Township West Benton Primary Registration District No. 6260 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME George Washington Brown
 (a) Residence, No. _____ 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 Bertha Bell Brown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14 1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 10 6
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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 life

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV 20, 1934
 22. I HEREBY CERTIFY, That I attended deceased from June 24, 1934, to Nov 20, 1934
 I last saw him alive on Nov 13, 1934. Death is said to have occurred on the date stated above, at 9:50 a. m.
 The principal cause of death and related causes of importance were as follows:
Cancer of Rectum Date of onset 1932
4/60
 Other contributory causes of importance: 4/60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 13. NAME Harrison Brown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jan Harrison Brown North Carolina
 15. MOTHER'S NAME Elizabeth Cleaves Edwards
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 17. INFORMANT L. E. Brown (ADDRESS) Rogersville Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Wm. Oakl. Co. Nov 21, 1934 DATE
 19. UNDERTAKER Kee (ADDRESS) _____
 20. FILED 1-9 1935 Josephine Merritt Registrar.

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) W. G. Watkins, M. D.
 (Address) Rogersville 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.

