

LOCAL REGISTRAR'S REPORT—DO NOT TEAR LEAF OUT

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

Do not use this space.

MAR 26 1935

4336

1. PLACE OF DEATH

County Ballinger
Township Scappie
City Scappie (No. _____ St. _____ Ward _____)

Registration District No. 67
Primary Registration District No. 5706

File No. _____
Registered No. 6

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

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. (If nonresident, give city or town and State)

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 Roxana Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4 - 1879

7. AGE YEARS 55 MONTHS 3 DAYS 3 1/2 If LESS than 1 day, _____ hrs. or _____ min.

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. Farmer

10. Date deceased last worked at this occupation (month and year) 1 - 16 - 1932 11. Total time (years) spent in this occupation five

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ballinger

13. NAME Loid Brown

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE 117 Zion DATE Feb. 8 1935

19. UNDERTAKER (ADDRESS)

20. FILED 3-5 1935 Mrs. L. A. Sanders Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1934 to Feb. 7 1935

I last saw him alive on Feb 7th 1935. Death is said to have occurred on the date stated above, at 3 p. m.

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

Pulmonary Tuberculosis Date of onset 23

Other contributory causes of importance: Pulmonary Tuberculosis

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 ✓ 1935
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) J. G. Vaughn M. D.
(Address) Patton, Missouri

LOCAL REGISTRAR'S REPORT—DO NOT TEAR LEAF OUT

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

Do not use this space.

1. PLACE OF DEATH -
County Berlin Registration District No. _____
Township Scarpus Primary Registration District No. _____
City Scarpus (No. _____) St. _____ Ward _____

2. FULL NAME Laid (Lloyd) Brown
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. (If nonresident, give city or town and State)
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
6. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Roxa de Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS 35 MONTHS 8 DAYS 3 IF LESS THAN 1 day, hrs. min.

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. Harmer
10. Date deceased last worked at this occupation (month and year) Feb 2, 1935 11. Total time (years) spent in this Life occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berlin

13. NAME Laid Brown

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE First Zion DATE Feb 8 1935

19. UNDERTAKER (ADDRESS)

20. FILED _____ 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7 1935
22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1934 to Feb. 7 1935
I last saw him alive on Feb. 7 1935 Death is said to have occurred on the date stated above, at 3:30 p. m.

The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis
Date of onset _____

Other contributory causes of importance:
Pulmonary tuberculosis

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) J. C. Vaughan M. D.
(Address) Patterson, Missouri

25. FILED _____ 19 _____ Registrar.

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

ALL INFORMATION CALLED
 FOR MUST BE WRITTEN ON
 THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Bollinger

Registration District No. 67

Township _____

Primary Registration District No. 5106

City _____ (No. _____)

File No. _____

Registered No. 6

St. _____ Ward _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX m

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR
 DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7 1935

6. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF
 (OR) WIFE OF Zadie Brown

22. I HEREBY CERTIFY, That I attended deceased from
Dec 23 1934, to Feb 7 1935

I last saw him alive on Feb 7 1935. Death is said

to have occurred on the date stated above, at 3 p. m.

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

7. DATE OF BIRTH (MONTH, DAY, AND YEAR)

AGE

YEARS

MONTHS

DAYS

If LESS than 1
 day, _____ hrs.
 or _____ min.

53

3

3

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) Jan 4, 1935

11. Total time (years)

spent in this

occupation all life

Date of onset

Pulmonary Tuberculosis

73

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN)
 (STATE OR COUNTRY) Scopus
Bollinger Co. Mo

13. NAME Lloyd Brown

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

15. MAIDEN NAME

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

17. INFORMANT Scopus 711K
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wt Zion DATE Feb 8 1935

19. UNDERTAKER None
 (ADDRESS)

20. FILED 5-8 1935 - Mr. G. A. Sanders
 Registrar

Name of operation Farmer 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 _____, 1935

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) St. Vaughan M. D.

(Address) Patterson, Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 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.

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