

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.

FEB 19 1935

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

4659

## 1. PLACE OF DEATH

County NeedarRegistration District No. 163

Township

Primary Registration District No. 4095City El Dorado Springs

File No.

Registered No. 14

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

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 OFMary E. Brown

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

Jan 18 - 1844

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.91—14

OCCUPATION

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)Can Co. Mo

MOTHER FATHER

13. NAME

Garry Brown14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Tenn

15. MAIDEN NAME

Elizabeth Bishop16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Tenn17. INFORMANT  
(ADDRESS)Mary E. Brown  
El Dorado Springs

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Can. El Dorado DATE 2-3- 193519. UNDERTAKER  
(ADDRESS)Maple Funeral Home  
El Dorado Springs

20. FILED

2-2-

1935

J. W. Dawson

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from

Jan 8 -, 1935, to Feb 1, 1935I last saw him alive on Feb 1, 1935. Death is saidto have occurred on the date stated above, at 2:30 p. m.

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

Chronic interstitialnephritis

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Clinical 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

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. W. Dawson

, M. D.

(Address)

El Dorado Springs

100-443887-100

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