

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.

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

Do not use this space.

MAR 1 1935

4700

## 1. PLACE OF DEATH

County ChristianRegistration District No. 184Township RPrimary Registration District No. 4110City Ozark Mo. (No. ....)

St. .... Ward)

2. FULL NAME Samuel Thompson Brown Jr.

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 14 1935</u>		
7. AGE	YEARS	MONTHS
		<u>1</u>
		DAYS
		<u>14</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>Infant</u>	
	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.....	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ozark Mo.</u>	
	13. NAME <u>Samuel Brown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
	15. MAIDEN NAME <u>Hettie Thompson</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
	17. INFORMANT <u>Samuel Brown</u> (ADDRESS) <u>Ozark Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ozark Mo.</u> DATE <u>March 1 1935</u>		
19. UNDERTAKER <u>T. B. Chaffin</u> (ADDRESS) <u>Ozark Mo.</u>		
20. FILED <u>March 1 1935</u> <u>Loretta Leonard</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Feb. 28 1935</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Feb. 4 1935</u> to <u>Feb. 7 1935</u>
I last saw him alive on <u>Feb. 4 1935</u> . Death is said to have occurred on the date stated above, at <u>6 a.m.</u>
The principal cause of death and related causes of importance were as follows: <u>Syphilis</u>
Date of onset <u>Birth</u>
Other contributory causes of importance: <u>None</u>
Name of operation..... Date of.....
What test confirmed diagnosis? <u>none</u> Was there an autopsy? <u>No</u>
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) <u>R. R. Farthing</u> , M. D.
(Address) <u>Ozark Mo.</u>

