

JUL 25 1935

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

Do not use this space.

20524

1. PLACE OF DEATH

County Newton Registration District No. 609 File No. 206
Township _____ Primary Registration District No. 4363 Registered No. _____
City Neosho (No. _____) St. _____ Ward _____

2. FULL NAME Frank 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 Mrs. Frank Brown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wood cutter
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) unknown
13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) None known
18. BURIAL, CREMATION, OR REMOVAL PLACE Infirmery DATE July 1 1935
19. UNDERTAKER (ADDRESS) Reynolds
20. FILED June 30 1935 Oral A. Cole, D.O. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30th 193522. I HEREBY CERTIFY, That I attended deceased from June 22nd 1935 to June 30th 1935I last saw him alive on June 30th 1935. Death is saidto have occurred on the date stated above, at 5 P.m.

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

Toxemia and Uremia following traumatic injury to scrotum with partial retention of urine. Entire scrotum was gangrenous

Other contributory causes of importance:

Traumatic injury to scrotum obtained while helping clean up some trunk falling on scrotum - was hit on the scrotum by a large limb.
Name of operation none Date of none
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? accident Date of injury June 21st 1935Where did injury occur? Neosho, Mo.

(Specify city or town, county, and State)

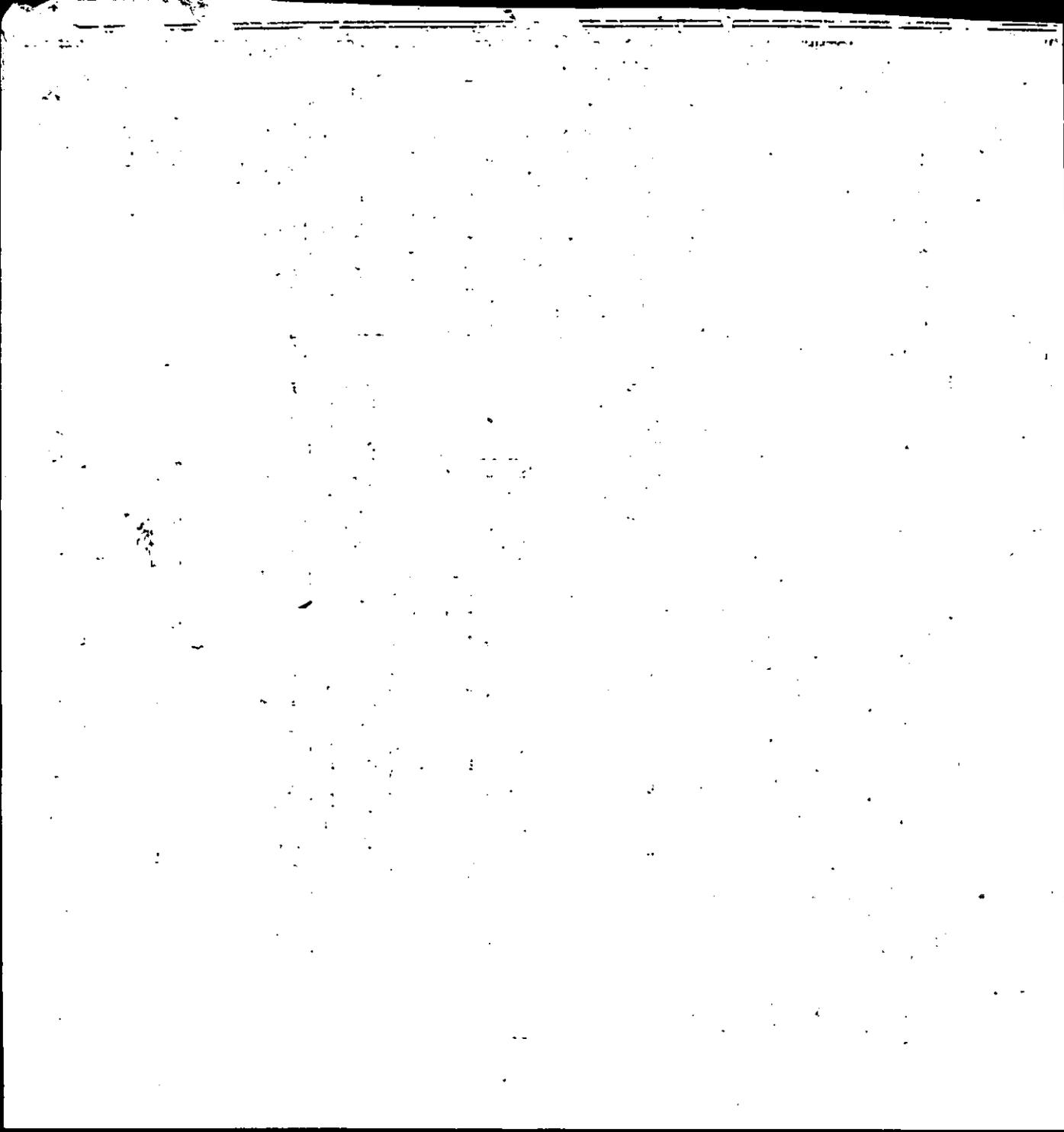
Specify whether injury occurred in industry, in home, or in public place.

Occurred occurring in public place (street)Manner of injury limb hit part of scrotumNature of injury traumatic injury to scrotum

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Malvin C. Bowman, M. D.(Address) Neosho, Missouri



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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Newton

Registration District No. 609

Township

Primary Registration District No. 4363

City Neosho (No.)

File No.

Registered No. 206

St. Ward)

2. FULL NAME Frank 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, by or

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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED June 30, 1935 Orval A. Sale, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw alive on 19..... Death is said to have occurred on the date stated above, at m.

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

Date of onset

Other contributory causes of importance:

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) Melvin C. Bowman, M.D.

(Address) Neosho Mo.

AUG 6 1933

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