

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.

SEP 19 1935

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

Do not use this space.

28988

168

1. PLACE OF DEATH

County Gibson  
Township Benton  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 164  
Primary Registration District No. 5229

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nelmy Brown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July - 31 - 1878</u>		
7. AGE <u>60</u>	YEARS <u>1</u>	MONTHS <u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>owner</u>
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) <u>Fairbury Mo.</u>		
13. NAME <u>John F. Brown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fairbury Mo.</u>		
15. MAIDEN NAME <u>John Firestone</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
17. INFORMANT <u>Mrs. C. M. Brown</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chas. Co. Mo.</u> DATE <u>Sept 4</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Spencer</u>		
20. FILED <u>9-9</u> 19 <u>35</u> <u>Mrs. Mary H. H. H.</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 4 1935, to Sept 1 1935  
I last saw him alive on Sept 1 1935 Death is said to have occurred on the date stated above, at 7:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Cancer of the liver  
Date of onset \_\_\_\_\_

Other contributory causes of importance: 4/10

Name of operation no Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 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) A. L. Stevenson M. D.  
(Address) Genio Spgs. Mo.

