

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.

JAN 18 '36

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

Do not use this space.

39910

1. PLACE OF DEATH

County Jackson  
Township Boonville  
City Jarvis (No. \_\_\_\_\_)

Registration District No. 402  
Primary Registration District No. 555-1A

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

2. FULL NAME

Charles A. 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 <u>Male</u>	4. COLOR OR RACE <u>wh.</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>Addie Brown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 15 - 1860</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>9</u>
	DAYS <u>19</u>	IF LESS than 1 day, _____ hrs. or _____ min.
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. <u>Farmer</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>Mo</u>		
FATHER	13. NAME <u>Adam Brown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>	
MOTHER	15. MAIDEN NAME <u>Francis Bell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>	
17. INFORMANT <u>Arch Brown</u> (ADDRESS) <u>Boon Valley Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hallensess Co</u> DATE <u>12/15</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>J. D. Williams Mo.</u>		
20. FILED <u>Dec 11</u> 19 <u>35</u> <u>Miss. A. H. Mauer</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/3 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-10 1935 to Dec 1st 1935

I last saw him alive on Dec 1st 1935. Death is said to have occurred on the date stated above, at 3:05 p.m.

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

Chronic granular degeneration of the myocardium

Other contributory causes of importance:  
Anasarca

Name of operation \_\_\_\_\_ 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? no

If so, specify \_\_\_\_\_

(Signed) E. C. Perry M. D.  
(Address) Old Grove Missouri

Date of onset  
2003  
Jan 8  
6:40

