

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

Do not use this space.

JAN 13 1936

1

1. PLACE OF DEATH

County Adair Registration District No. 2
Township _____ Primary Registration District No. 4004
City Houinger (No. _____) St. _____ Ward _____

File No. _____
Registered No. 19

2. FULL NAME

Charley Maurice Brownell
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jun 5, 1936

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
			<u>3</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) Houinger, Mo.

13. NAME Clarence Brownell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Houinger, Missouri

15. MAIDEN NAME Katherine Horstee

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

17. INFORMANT (ADDRESS) Clarence Brownell

18. BURIAL, CREMATION, OR REMOVAL PLACE Houinger Cemetery DATE Jan 9, 1936

19. UNDERTAKER (ADDRESS) Dewellin Dow

20. FILED Jan 9, 1936 J. S. Sackmeyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8, 1936

22. I HEREBY CERTIFY That I attended deceased from Jan 3, 1936 to Jan 8, 1936
I last saw him alive on Jan 7, 1936 Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

Premature
Other contributory causes of importance: _____
Name of operation None 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) H. P. Garrison M. D.
(Address) Houinger Mo.

OCCUPATION
FATHER
MOTHER

