

FEB 20 1936

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

Do not use this space.

1341

1. PLACE OF DEATH

County Jackson
Township Kaua
City Kennett City Mo. (No. 1700, E. 8th

Registration District No. 399Primary Registration District No. 1002

File No.

Registered No. 194St. 194 Ward)

2. FULL NAME

Charles E. Brown(a) Residence, No. 1700 East 8th St., _____ Ward.

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

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 OFMattie L. Brown

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

May 2-1859

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.7689

OCCUPATION

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

Blacksmith

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)

Rockport, Mo

FATHER

13. NAME

Ed Brown

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

Rockport, Mo

MOTHER

15. MAIDEN NAME

Un known

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

17. INFORMANT (ADDRESS)

Mrs. Bess Lawrence
1700 East 8th St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Forest Hill DATE Jan 13 1936

19. UNDERTAKER (ADDRESS)

Wagners Funeral Home
204 W. Greenwood

20. FILED

Jan 13, 1936 M. M. Brown

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan. 11, 1936

22. I HEREBY CERTIFY That I attended deceased from

7-6-1935 to 1-11-1936I last saw him alive on 1-11-1936. Death is saidto have occurred on the date stated above, at 11:15 a.m.

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

Date of onset

Myocarditis Chron.

Other contributory causes of importance:

Atherosclerosis

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)

J. M. Piferis, M. D.
(Address) 5647 Pades.

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.

Argyle Bldg

Via 9485

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