

MAR 28 1936

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

Do not use this space.

697B

1. PLACE OF DEATH

County ShenandoahRegistration District No. 687Township PortagePrimary Registration District No. 3506City Portageville (No.)

St. Ward)

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-16-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 17

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) Portageville13. NAME Robert Brown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MS15. MAIDEN NAME Paulina Santoluc16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portageville17. INFORMANT (ADDRESS) Sis Brown18. BURIAL, CREMATION, OR REMOVAL PLACE Portageville DATE 2-4-3619. UNDERTAKER (ADDRESS) R. M. Payne Portageville MS20. FILED 3-20 1936 May 10, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3 193622. I HEREBY CERTIFY, That I attended deceased from on Feb 2, 1936, to only, 19....I last saw him alive on Feb 2, 1936. Death is said to have occurred on the date stated above, at 4 A. m.

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

Tobacco Pneumonia Date of onset11 WOther contributory causes of importance: I think influenzaName 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. W. Bass, M. D.(Address) Portageville MS

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.

