JUL 17 1936

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

Do not use this space.

9533-4

1. PLACE OF DEATH

County Callaway — Registration District No. 102 — File No.

Township Jackson — Primary Registration District No. 4069 — Registered No. 373

City Auxvasse (No. , St. Ward)

2. FULL NAME Bobby Boles Brown

(a) Residence, No. Auxvasse St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-28-24

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	11	4		

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.

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) Mexico Mo.

FATHER

13. NAME Robert A. Brown

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

MOTHER

15. MAIDEN NAME Ila Boles

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

17. INFORMANT (ADDRESS) Mrs. R. A. Brown Auxvasse, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Auxvasse DATE Mar. 29 1936

19. UNDERTAKER (ADDRESS) Hughes Mankin Auxvasse Mo.

20. FILED 3/30 1936 mrs. H. G. Thomas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1935, to March 28, 1936

I last saw him alive on March 27, 1936. Death is said to have occurred on the date stated above, at 12:15 A.m.

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

Little disease

Related causes was malnutrition due to inability to swallow Heart became weakened.

Date of onset

Other contributory causes of importance:

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?

If so, specify

(Signed) Clarence A. Hurst D.O., MED.

(Address) Auxvasse, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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