

MAR 28 1936

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

Do not use this space.

9706

## 1. PLACE OF DEATH

County Debar  
Township Linn  
City Stockton (No. ....)

Registration District No. 165  
Primary Registration District No. 5231

File No. Mch. 19-1936  
Registered No. 147 St. .... Ward)

2. FULL NAME Frank Allison Brown

(a) Residence, No. .... St. .... Ward.  
(Usual place of abode)

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 OF Hattie Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27-1880

7. AGE YEARS 55 MONTHS 2 DAYS 16 If LESS than 1 day, ? hrs. or ..... min.

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

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) Cedar Co. Mo.13. NAME Dr. R. A. Brown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn15. MAIDEN NAME Sadie Jackson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co. Mo.17. INFORMANT Hattie Brown (ADDRESS) Stockton Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Stockton DATE Mar. 14 193619. UNDERTAKER W. E. Davis & Co. (ADDRESS) Stockton Mo.20. FILED Mch 19 1936 R. A. Brown Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 13 193622. I HEREBY CERTIFY, That I attended deceased from Mar. 11 1936, to Mar. 12 1936I last saw him alive on Mar. 12 1936. Death is saidto have occurred on the date stated above, at 4 a. m.

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

LeukemiaDate of onset 1933Other contributory causes of importance: None

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. Smith....., M. D.(Address) Stockton Mo.

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.

