APR 23 1936

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

Do not use this space.

11997

File No.

Registered No. 4

1. PLACE OF DEATH
County PHLASKI
Township LIBERTY
City ~~SWEDEBORG~~ (No. , St. Ward)
Registration District No. 712
Primary Registration District No. 5941

2. FULL NAME WILLIAM 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 1 yrs. 9 mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16 1849

7. AGE: YEARS 86 ~~1849~~ MONTHS 7 ~~July~~ DAYS 22 ~~16~~ If LESS than 1 day, hrs. or min:

OCCUPATION

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

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) ~~1935~~ 1930

11. Total time (years) spent in this occupation 70

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BAERHEAD SCATLAND

FATHER
13. NAME W Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BAERHead Scotland

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT X MARY A. WALKER (ADDRESS) Swedeborg - Mo.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE HUNTINGTON, IND. DATE MAR 9 1936

19. UNDERTAKER T. B. Staples (ADDRESS) Richland Mo.

20. FILED 3-8- 1936 Everett A. Oliver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/8/1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1936, to March 8, 36
last saw ~~him~~ alive on Jan 14, 1936. Death is said to have occurred on the date stated above, at 9.30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocaditis	3-8-1935
936	
Other contributory causes of importance: Chronic Gastric Colitis	3-8-1931

Name of operation None Date of
What test confirmed diagnosis? Post Side 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? shoe Cobbler
If so, specify
(Signed) Everett A. Oliver, M. D.
(Address) Richland, 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.

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

100M-11-24-33