

MAY 20 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

14758

1. PLACE OF DEATH

County Gasconade
 Township Canaan
 City (No. St. Ward)

Registration District No. 305
 Primary Registration District No. 5422

File No.
 Registered No. 9

2. FULL NAME

William J. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4 - 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 1 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
 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) Texas, Co. Missouri

13. NAME London Brown

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

15. MAIDEN NAME Grace Nicks

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

17. INFORMANT (ADDRESS) Frank G. Brown Owensville Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE New Salem DATE April 28 1936

19. UNDERTAKER (ADDRESS) W. F. Gattenströmer Owensville Mo

20. FILED 5-12 1936 J. F. Tierrell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 26, 1936

22. HEREBY CERTIFY, That I attended deceased from Mar. 9, 1936 to Apr. 26, 1936

I last saw him alive on Apr. 24, 1936 Death is said

to have occurred on the date stated above, at 4:55 p.m.

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

Phlegmon

Other contributory causes of importance:

Name of operation S3 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?

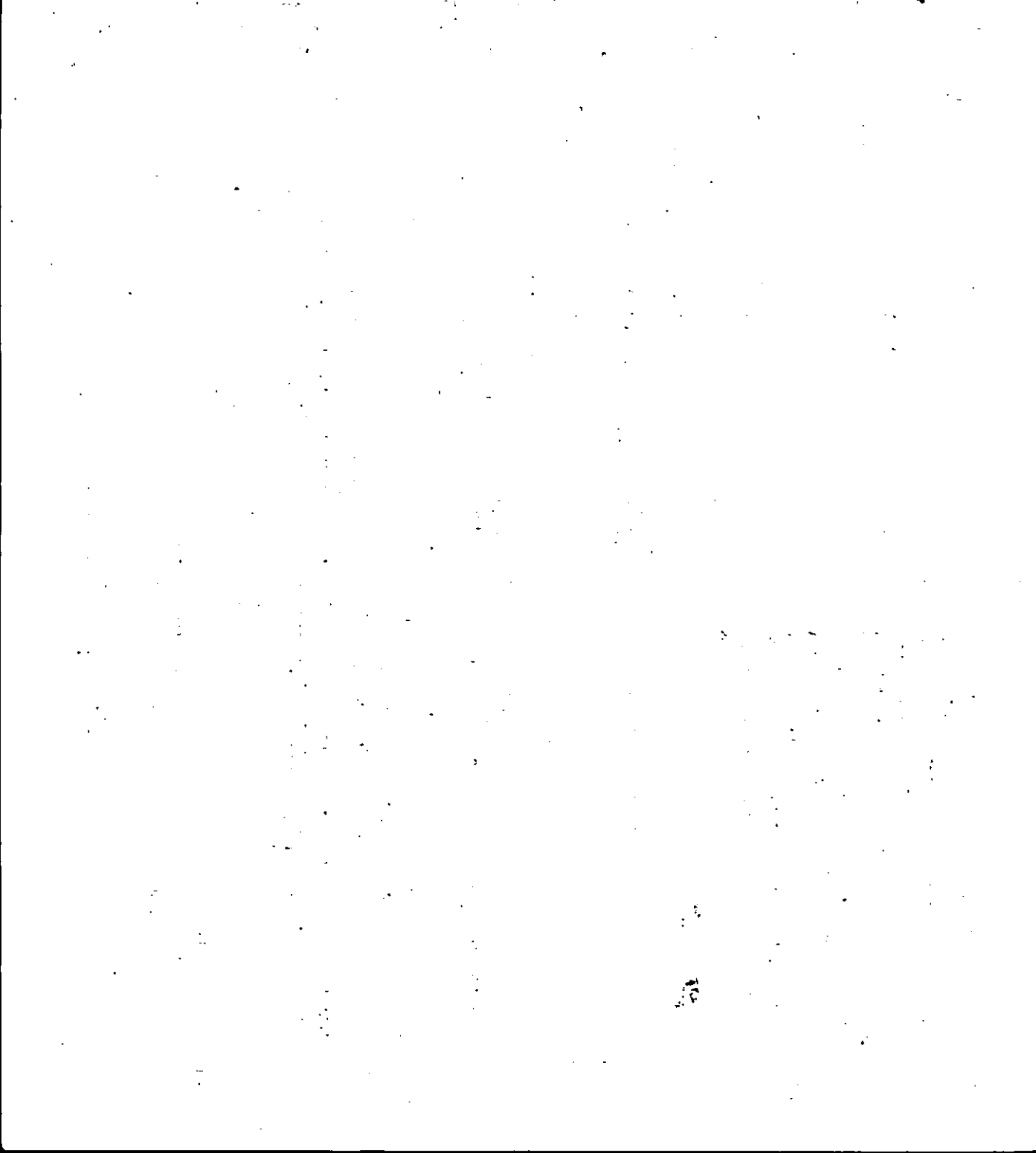
If so, specify

(Signed) J. F. Tierrell M. D.

(Address) Owensville, 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



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.

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

Do not use this space.

1. PLACE OF DEATH

County Gasconade

Registration District No. 308-

File No. _____

Township Carman

Primary Registration District No. 3422

Registered No. 9

City _____

(No. _____)

St. _____

Ward _____

2. FULL NAME

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

m

w

s

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

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

7. AGE

YEARS

MONTHS

DAYS

IN LESS THAN 1 day, _____ hrs. or _____ min.

64

1

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OCCUPATION

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

9. Industry or business in which work was done: at 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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____

DATE _____

19

19. UNDERTAKER (ADDRESS)

20. FILED

6-12

19 36

J. J. Farrell
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Apr 25 19 36

I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Phlegmon

Date of onset _____

Location: Face, neck and arms - Started in face and neck.

Other contributory causes of importance:

Cause Not Known
possibly cancer. Had been operated on for cancer of neck

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. J. Farrell

(Address) Lawrenceville, Mo.

M. D.

856H1-5