

JUN 22 1936

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

Do not use this space.

1. PLACE OF DEATH

County Lewis

Registration District No. 334

Township Bethany

Primary Registration District No. 4197

City Bethany (No. _____)

St. _____ Ward _____

File No. 14918-a

Registered No. 37

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 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 Ida M Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-22-1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 4 8

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

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) Boyle Ky

13. NAME Osborne Brown

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

15. MAIDEN NAME Barbara Skinner

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

17. INFORMANT Mr J O Brown (ADDRESS) Bethany Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Teaglesville Mo DATE May 2 1936

19. UNDERTAKER Frank Kramer (ADDRESS) Bethany Mo

20. FILED 5-15 19 36 A. H. W. W. W. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30 1936

22. I HEREBY CERTIFY, That I attended deceased from on April 30 1936, to _____, 19____

I last saw him on 4-30 1936 Death is said to have occurred on the date stated above, at 9:30 p.m.

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

Coronary embolism Date of onset 4-30-36

Other contributory causes of importance: 930
Chronic Myocarditis - 1930

Name of operation _____ Date of _____
What test confirmed diagnosis? nil 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? No
If so, specify _____

(Signed) W. P. Boyles, M. D.
(Address) Bethany 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.

