

JAN 25 1936

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

Do not use this space.

18467

## 1. PLACE OF DEATH

County OuasskiRegistration District No. 711Township UnionPrimary Registration District No. 5940City Union(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

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

Barbra Brown

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

7/10-1875

## 7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

day, .....hrs.

or .....min.

60912

## OCCUPATION

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

Farmer

## 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)

Mo

## FATHER

## 13. NAME

Jerry Brown

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

Unknown

## MOTHER

## 15. MAIDEN NAME

Martha Grayson

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

Unknown

## 17. INFORMANT (ADDRESS)

Mrs David Brown

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

Dixon

DATE

Apr 23 36

## 19. UNDERTAKER (ADDRESS)

Fred W. Gilbert

## 20. FILED

May 2 1936A. S. Linn

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

4/29-1936

## 22. I HEREBY CERTIFY, That I attended deceased from

3/12-1936 to 4/29-1936I last saw him alive on 4/23-1936 Death is saidto have occurred on the date stated above, at 12:30 pm.

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

Pulmonary T. B.

Other contributory causes of importance:

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) O. J. Crider, M. D.(Address) Dixon Mo

