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

JUN 2

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

Do not use this space.

21701

File No. 19

Registered No.

1. PLACE OF DEATH

County Stoddard Registration District No. 838

Township Liberty Primary Registration District No. 6098 B

City (No. , St. Ward)

2. FULL NAME Charles B. 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 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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1874

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
62	3		

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) ~~Kentucky~~ Clark Co., Illinois

FATHER

13. NAME Wm. Brown

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

MOTHER

15. MAIDEN NAME ~~Unknown~~ Mary Ann McClure

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

17. INFORMANT Carrie Brown
(ADDRESS) Dexter, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bernie, Mo. DATE 5/17/36, 19

19. UNDERTAKER Blankenship-Strickland
(ADDRESS) Dexter, Mo.

20. FILED 6-10, 1936 Alice L. Norman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1936

22. 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 12 30 A.m.

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

	Date of onset
Apoplexy	

Other contributory causes of importance

over Stimulated with Alcohol

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? Public Road
(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) Lloyd L. Morgan Coroner M.D.

(Address) Advance Mo.