

Oct. 20 1936

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

Do not use this space.

33519

1. PLACE OF DEATH

County ADAIRRegistration District No. 4Township BENTONPrimary Registration District No. 3001City KIRKSVILLE MO (No. 1123 N. centennial St.)File No. _____
Registered No. 210 _____
St. _____ Ward _____2. FULL NAME CHARLOTTE IRENE BROWN(a) Residence, No. N CENTENNIAL 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 FEMALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) CHILD
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF CHILD		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 3th 1936		
7. AGE	YEARS 0	MONTHS 4
		DAYS 29
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	child
	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) **kirksville mo**13. NAME **RAYMOND W BROWN**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **OKLAHOMA**15. MAIDEN NAME **LAURA MACKAY**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **IOWA**17. INFORMANT (ADDRESS) **Spencer Mackay KIRKSVILLE MO**18. BURIAL, CREMATION, OR REMOVAL PLACE **HIGHLAND PARK** DATE **9, 3th 1936**19. UNDERTAKER (ADDRESS) **DAVIS & WILSON KIRKSVILLE MO**20. FILED **Sept. 4 1936 Spencer Freeman Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9-22 1936**22. I HEREBY CERTIFY, that I attended deceased from **Sep 10th 1936 to Sep. 2 1936**
I last saw him alive on **Sep. 2 1936** Death is said to have occurred on the date stated above, at **10:45 a.m.**

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

Acute Enteritis and diarrhea (under 2 yrs of age)

Date of onset

Other contributory causes of importance:

Name of operation **None** Date of _____
What test confirmed diagnosis? _____ 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 _____12. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify _____(Signed) **Frank G. Bigley**, M. D.
(Address) **Kirkville Mo**

