

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

Do not use this space.

SEP 29 1936

35277

**1. PLACE OF DEATH**

County Saline Registration District No. 703  
 Township Johnson Primary Registration District No. 4434  
 City Humansville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mr. Burr 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____		
7. AGE	YEARS <u>62</u>	MONTHS —
	DAYS —	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	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) <u>Illinois</u>	
FATHER	13. NAME <u>Unknown</u>	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	15. MAIDEN NAME <u>Unknown</u>	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
MOTHER	17. INFORMANT (ADDRESS) _____	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Saline, Mo</u> DATE <u>Sept 7</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>Sidney Hutchinson</u>		
20. FILED <u>Sept 9</u> 19 <u>36</u> <u>Ora M. Rich</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-7- 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-6- 1936 to 9-7- 1936  
 I last saw him alive on 9-7- 1936 Death is said to have occurred on the date stated above, at 5:58 PM.  
 The principal cause of death and related causes of importance were as follows:  
Fracture of Right foot & leg.  
 Date of onset sent 12/20/36

Other contributory causes of importance: Undereasured

Name of operation Amputation of leg Date of 9-7-36  
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? L 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) A. G. Stiffelman, M. D.  
 (Address) Richmanville, Mo

Hospital

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.

