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.

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

DEC 18 1936

Do not use this space.

40378

1. PLACE OF DEATH
County Boone
Township Columbia
City ..... (No. ..... St. ..... Ward)

Registration District No. 73
Primary Registration District No. 5112

File No. .....
Registered No. 313

2. FULL NAME Fred W. Brown
(a) Residence, No. R#1, Columbia, Mo. ..... 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 M.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1898

7. AGE YEARS 38 MONTHS Not Known DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer
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) Missouri

FATHER
13. NAME Nathan Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Adella Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Frank Brown Columbia, Mo, R 1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Centralia Mo DATE 11-23 1936

19. UNDERTAKER (ADDRESS) Parker F Co W&H Columbia, Mo

20. FILED 11/23/1936 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1936, to ✓, 19....
I last saw h ✓ alive on ✓, 19.... Death is said to have occurred on the date stated above, at not known m.
The principal cause of death and related causes of importance were as follows:

Broken neck & other bodily injuries sustained in fall from a tree - death instantaneous - Body found after 2 days search - Occupation trapper & Hunter.

Date of onset

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) E. G. Davis, Coroner
(Address) Columbia, Mo.