

DEC 18 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

40650

1. PLACE OF DEATH

County CedarRegistration District No. 168Township El DoradoPrimary Registration District No. 4095City El Dorado

File No. _____

Registered No. 61

2. FULL NAME

(a) Residence, No. 20

(Usual place of abode)

St. _____

Ward. _____

Length of residence in city or town where death occurred

yrs. 1

mos. _____

ds. _____

How long in U. S., if of foreign birth? (If nonresident, give city or town and State)

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	4. COLOR OR RACE <u>American</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wife</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>OCT 10 - 1884</u>		
7. AGE <u>52</u>	YEARS <u>1</u>	MONTHS <u>20</u>
If LESS than 1 day, _____ hrs.		or _____ min.

OCCUPATION

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

School Teacher

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)

Sheldon mo

FATHER

13. NAME

T. D. Brown

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

Fayette mo

MOTHER

15. MAIDEN NAME

Bettie Beacher

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

Fayette mo

17. INFORMANT (ADDRESS)

Mrs C. Brown Sheldon mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Sheldon

DATE

Dec 2 1936

19. UNDERTAKER (ADDRESS)

G. B. Beeny & Son's Sheldon mo

20. FILED

11-30-1936J. Dawson

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Nov 20 193622. I HEREBY CERTIFY, That I attended deceased from Nov 20 1935 to Nov 20 1936I last saw him alive on Nov 20 1936 Death is saidto have occurred on the date stated above, at 7:20 am

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

Cancer of Liver

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

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)

(Address)

R. A. ... M. D. El Dorado Mo

