

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

Do not use this space.

44085

1. PLACE OF DEATH **JAN 18 1937**

County Cedar  
Township Jefferson  
City Jefferson (No.       )

Registration District No. 165  
Primary Registration District No. 5-230

File No. Jan 1-1937  
Registered No. 192  
St.        Ward       

2. FULL NAME George H. Brown

(a) Residence, No.        St.        Ward.         
(Usual place of abode)  
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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF         
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24 1866  
7. AGE YEARS 70 MONTHS 7 DAYS 6 If LESS than 1 day, hrs. or min.

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) Cedar, Mo. (STATE OR COUNTRY)

13. NAME John S. Brown

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

15. MAIDEN NAME Nancy Butner

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

17. INFORMANT Jim Brown (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Cedar DATE Jan 18 1937

19. UNDERTAKER H. C. Davis & Co. (ADDRESS) 1000 N. 1st St.

20. FILED Jan 1 1937 Mrs. H. G. Brown Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30 1936

22. I HEREBY CERTIFY, That I attended deceased from       , 19      , to       , 19      .

I last saw h.        alive on       , 19      . Death is said

to have occurred on the date stated above, at        m.

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

Death from Natural  
Causes, probably Venereal  
Thrombosis of Artery  
Dead in Bed

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) W. H. Brown, Coroner, M. D.

(Address) Edwards Springs, Mo.

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.

