

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.

JAN 27 1936

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

Do not use this space.

47277

## 1. PLACE OF DEATH

County ScotlandRegistration District No. 810

File No. \_\_\_\_\_

Township GarrisonPrimary Registration District No. 6055Registered No. 68

City \_\_\_\_\_ (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Silas Elmer 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

Male

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Martha J. Brown

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

Jan 19-1863

## 7. AGE

YEARS

73

MONTHS

11

DAYS

2

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

## OCCUPATION

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

Farming

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)

Van Buren Co., Ia.

## FATHER

## 13. NAME

Geo. Brown

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

Ohio

## MOTHER

## 15. MAIDEN NAME

Harriett C. Brown

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

Ohio

## 17. INFORMANT (ADDRESS)

Mrs. Martha J. Brown  
Memphis Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

## PLACE

Richland Cemetery

## DATE

Dec 24, 1935

## 19. UNDERTAKER (ADDRESS)

Lyth & Bassett  
Memphis Mo.

## 20. FILED

DEC 23 1936C. E. Brown  
Registrar

## MEDICAL CERTIFICATE OF DEATH

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

Dec 21, 193622. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1936 to Dec 21, 1936I last saw him alive on Dec 18, 1936 Death is said to have occurred on the date stated above, at 7:00 P.M.

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

chronic valvular heart disease

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

PhysicianWas 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

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

A. E. Platter

, M. D.

(Address)

Memphis Mo

