

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.

FEB 16 1937

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

Do not use this space.

395

1. PLACE OF DEATH  
 County Callaway Registration District No. 104  
 Township Fulton Primary Registration District No. 3008  
 City Fulton (No. ....) St. .... Ward ....  
 2. FULL NAME Arthur 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>Negro</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>Leona</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 16-1869</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>8</u>	DAYS <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>D. K.</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D. K.</u>		
15. MAIDEN NAME <u>D. K.</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D. K.</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Leona Brown</u> <u>906 Broadway, Fulton, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>South Side Cem</u> DATE <u>Jan. 9-37</u>		
19. UNDERTAKER (ADDRESS) <u>Eli Bell</u> <u>Fulton Mo</u>		
20. FILED <u>Jan 9 1937</u> <u>R. T. Creas</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6 - 1937

22. I HEREBY CERTIFY That I attended deceased from 11/6, 1935, to 12/28, 1936  
 I last saw him alive on 12/15, 1936 Death is said to have occurred on the date stated above, at 10 P. m.  
 The principal cause of death and related causes of importance were as follows:  
chronic myocarditis  
 Date of onset

Other contributory causes of importance

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 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? \_\_\_\_\_ 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) Newey Dind, M. D.  
 (Address) 610 Court; Fulton, Mo

