MAR 17 1937

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

Do not use this space.

1. PLACE OF DEATH
County Christian — Registration District No. 186 — File No. 5485
Township Chadwick — Primary Registration District No. 5261A. — Registered No.
City Chadwick (No. ..., ... St. ... Ward)

2. FULL NAME Claude Berryman Brown
(a) Residence, No. Chadwick, Mo. St., ... Ward. (If nonresident, give city or town and State)
(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.

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~~ Dorothy Brown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2, 1871
7. AGE YEARS 65 MONTHS 11 DAYS 7 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Roanoke Virginia

FATHER
13. NAME Berryman Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roanoke, Va.

MOTHER
15. MAIDEN NAME Katherine Morgan Schertz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roanoke, Va.

17. INFORMANT (ADDRESS) Omer E. Brown Cork, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Chadwick DATE 2/12 1937
19. UNDERTAKER (ADDRESS) B. C. Kleiser Cork, Mo.
20. FILED Mar 8 1937 Ina Gionea Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Tues. Feb. 9, 1937
22. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1937, to Feb 9th, 1937
I last saw him alive on Feb 8th, 19... Death is said to have occurred on the date stated above, at 1:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Instant

Other contributory causes of importance: Influenza

Name of operation ... Date of ...
What test confirmed diagnosis? Phy. ex 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? No
If so, specify
(Signed) [signature], M. D.
(Address) Sparta, Mo.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2 100M-8-29-35