MAR 23 1937

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

Do not use this space.

7453

1. PLACE OF DEATH
County Nodaway Registration District No. 617 File No.
Township Grant Primary Registration District No. 5819 Registered No. 2
City (No. , St. Ward)

2. FULL NAME Otis Herbert Brown
(a) Residence, No. R.R.#3, Bolckow, Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 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 Lula Armada Aldridge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28, 1886

7. AGE: YEARS 50 | MONTHS 1 | DAYS 15 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. tenant
10. Date deceased last worked at this occupation (month and year) 2-'37
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Maitland, Mo.

FATHER
13. NAME William Lawson Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Mary Ella Haines
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Mrs. Lula A. Brown,
(ADDRESS) R.R.#3, Bolckow, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Guilford, Mo. DATE 2/16/'37

19. UNDERTAKER J. Fred Terhune,
(ADDRESS) Savannah, Mo.

20. FILED 2/13, 1937 Chas. D. Humbardt
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 12, 1937

22. I HEREBY CERTIFY, That [redacted] Death is said to have occurred on the date stated above, at 10.00 m p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Gunshot wound of the brain, inflicted with suicidal intent by the own hand of the deceased.

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury 2/12, 19 37
Where did injury occur? home, near Barnard, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
home
Manner of injury gunshot wound of brain
Nature of injury lacerations

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Chas. D. Humbardt, M. D.
(Address) Coroner, Nodaway Co., 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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