

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 16 1937

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

Do not use this space.

11611

1. PLACE OF DEATH

County St. Louis
Township St. Ann
City St. Louis

Registration District No. 198
Primary Registration District No. 3011

File No. 42
Registered No. _____
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 470 Galley St., _____ Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Mallev Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19 - 1851

7. AGE YEARS 85 MONTHS 8 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Ray Leo Mo.

13. NAME Mallev Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Leo Mo.

15. MAIDEN NAME Marah White

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Leo Mo.

17. INFORMANT Mrs. M. C. Cope (ADDRESS) Excelsior Springs Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Paragon DATE March 14 1937

19. UNDERTAKER (ADDRESS) Excelsior Springs Mo.

20. FILED March 13, 1937 Dorothy M. Craven Registrar.

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

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1937 to March 12, 1937. I last saw him alive on March 12, 1937. Death is said to have occurred on the date stated above, at 11 A. m. The principal cause of death and related causes of importance were as follows:

metastasis from Retention prostatic hypertrophy enlarged prostate

Other contributory causes of importance: age had rendered him feeble & a result incontinence
Name of operation None 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? No 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) G. W. Craven, M. D.
(Address) Excelsior Springs Mo.

1937-3-12³⁰
85-6-19

1851-8-23