MAY 21 1937

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

Do not use this space.

15622

1. PLACE OF DEATH

6 County Barton — Registration District No. 1017 — File No. 4

Township Union — Primary Registration District No. 5060 — Registered No. 4

City Irwin (No. ..... St. ..... Ward)

2. FULL NAME Oscar Brown

(a) Residence, No. ..... 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) Mould

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Mrs Ida Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12 1849

7. AGE — YEARS 87 — MONTHS 11 — DAYS 5 — 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. Farmer

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) Lexington Ill

FATHER

13. NAME William Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Ohio

MOTHER

15. MAIDEN NAME Susana Dawson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Ohio

17. INFORMANT (ADDRESS) Paul Brown Lamar Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sheldon Mo DATE May 19 1937

19. UNDERTAKER (ADDRESS) G. B. Berry & Sons Sheldon Mo

20. FILED May 20 1937 Martin Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1937

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1937, to May 17, 1937

I last saw him alive on May 17, 1937 Death is said to have occurred on the date stated above, at 11:00 p.m.

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

	Date of onset
Coronary Occlusion	5/16/37

93C

Other contributory causes of importance:

Chronic hypertensive Myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) James A. Atkins, M. D.

(Address) Lamar, Missouri

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.