

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

Do not use this space.

21 1937

1. PLACE OF DEATH

44 County Holt Registration District No. 372
Township Benton Primary Registration District No. 5028
City Mount City (No. _____) St. _____ Ward _____

File No. 16497
Registered No. 908

2. FULL NAME

Robert Snyder Brown

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

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 Mrs. Anna Brown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct - 30 - 1874
7. AGE YEARS 62 MONTHS 5 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

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.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Mount City (STATE OR COUNTRY) Mo

13. NAME John J. Brown

14. BIRTHPLACE (CITY OR TOWN) Oregon (STATE OR COUNTRY) Mo

15. MAIDEN NAME America Ball

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Mo

17. INFORMANT Mrs. Anna Brown (ADDRESS) Mount City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope DATE 4-8- 1937

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

20. FILED 4-9- 1937 J. Cray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 1937
22. I HEREBY CERTIFY, That I attended deceased from April 1 1937, to April 6 1937
I last saw him alive on April 5 1937. Death is said to have occurred on the date stated above, at 8 a. m.

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

Thrombotic pneumonia
& Pharyngitis April 1-37
Other contributory causes of importance: 94%
Coronary occlusion

Name of operation _____ Date of _____
What test confirmed diagnosis? physicly 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) D. C. Ferris M. D.
(Address) Mount City, 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.

MS. B