

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.

67  
JUL 3 0 1937

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

Do not use this space.

1. PLACE OF DEATH

County Monroe  
Township Union  
City Union (No. 1)

Registration District No. 580  
Primary Registration District No. 5777

File No. 24367  
Registered No. \_\_\_\_\_

2. FULL NAME Electon Ray Brown

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

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 Louisa Satterly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/8/1852

7. AGE YEARS 85 MONTHS 2 DAYS 29 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retiree 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) Monroe Co Mo

13. NAME Wm Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ky

15. MAIDEN NAME Rebecca Shepherd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ky

17. INFORMANT Mrs. Vee Creamer  
(ADDRESS) Union

18. BURIAL, CREMATION, OR REMOVAL PLACE Paris DATE 7/7 1937

19. UNDERTAKER Fred Thompson  
(ADDRESS) Union

20. FILED 7/6 1937 Mrs. Fred Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/6 1937

22. I HEREBY CERTIFY, that I attended deceased from July 17 1937 to July 6 1937

I last saw him alive on July 5 1937. Death is said to have occurred on the date stated above, at 12:45 m.

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

Cerebral Hemorrhage

Other contributory causes of importance: 93C

Name of operation Autopsy Date of \_\_\_\_\_

What test confirmed diagnosis? Phys. Exam & 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 2

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) Union Mo

