em of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
EATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 31 1937

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

Walters

Do not use this space.

24562 200

1. PLACE OF DEATH

County Pettis — Registration District No. 668 — File No. 198

Township — Primary Registration District No. 3002 — Registered No. 668

City Sedalia (No. 2210 South Missouri St. Ward)

2. FULL NAME Archie Brown

(a) Residence, No. 2210 So. Mo. 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lucy Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 5, 1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
78	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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): Carmi ILL.

FATHER

13. NAME: Henry Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ILL.

MOTHER

15. MAIDEN NAME: Sarah Gannon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ILL.

17. INFORMANT (ADDRESS): D.H. Brown Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mem/Park DATE June 28, 1937

19. UNDERTAKER (ADDRESS): Gillespie Funeral Home Sedalia, Mo.

20. FILED 6-28, 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26/37, 19

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1937, to June 26, 1937
I last saw him alive on June 23, 19 Death is said to have occurred on the date stated above, at 8 30 p.m.
The principal cause of death and related causes of importance were as follows:

Senility

162

Date of onset

Other contributory causes of importance:
Senile dementia and Bed Sores

Name of operation Date of
What test confirmed diagnosis? 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) A. L. Walter, M. D.
(Address) Sedalia Mo