

REC'D APR 18 1938

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

Do not use this space.

1. PLACE OF DEATH
13 County Paldwell Registration District No. 92
Township Davis Primary Registration District No. 4055
City Braymer (No. St. Ward) 6

2. FULL NAME Louis Ray Brown 650
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 10287
Registered No. 6

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Artice C. Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28 1901

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
36 2 21

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gasoline Service Station
10. Date deceased last worked at this occupation (month and year) Mar. 19, 1938 11. Total time (years) spent in this occupation 7

MOTHER FATHER
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrollton Mo

13. NAME Chas. Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Carrollton, Mo

15. MAIDEN NAME Della J. Silvey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Reynolds, Mo

17. INFORMANT Mrs Ray Brown (ADDRESS) Braymer, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Evergreen DATE 3-22

19. UNDERTAKER B. F. Mead (ADDRESS) Braymer, Mo

20. FILED Mar. 21 1938 H. H. Patterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 19 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 19 1938 to Mar. 19 1938
I last saw h. alive on 19. Death is said to have occurred on the date stated above, at 9.9 a.m.
The principal cause of death and related causes of importance were as follows:
Date of onset
Fracture of Skel
Laceration of brain Mar. 17
Other contributory causes of importance: 205
9

Name of operation Date of
What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Mar. 19, 1938
Where did injury occur? Braymer, Wrightman Sta (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Car fell from gas tank
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Second working at occupation
(Signed) I. M. Daley, M. D.
97 (Address) (Corner) Hamilton, 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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