REC'D JUN 17 1938

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

Do not use this space.

File No. 17960

Registered No.

1. PLACE OF DEATH
County Carroll
Township Stokesmound,
City Tina, (No. , St. Ward)

Registration District No. 139.
Primary Registration District No. 4079

2. FULL NAME Tazwell 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: M
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Jane Brown,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1858

7. AGE: Years 79 | Months 4 | Days 15. | If LESS than 1 day, hrs. or min.

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. Retired,
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) Ill,

FATHER
13. NAME Vinson Brown,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill,

MOTHER
15. MAIDEN NAME Rosana Beams,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Mrs Rosa E. Schuler,
(ADDRESS) Bogard, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Coloma, DATE 5/12/38, 19

19. UNDERTAKER Clifford W. Austin,
(ADDRESS) Tina, Mo.

20. FILED May 11, 1938 Mrs Sallie Perry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 7th, 1938 19

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

	Date of onset
Apoplexy	

Other contributory causes of importance:

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?
If so, specify

(Signed) E. A. Dickerson Coroner
(Address) Bogard, 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.