REC'D JUN 17 1938

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

Do not use this space.

19632

1. PLACE OF DEATH

County Saline
Township Cambridge
City (No. , St. Ward)

Registration District No. 799
Primary Registration District No. 6037B

File No.
Registered No. 27

2. FULL NAME Simon W. Brown 650

(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: Mrs. Alice Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 12, 1862

7. AGE: YEARS 75 | MONTHS 9 | DAYS 19 | 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.: Farmer
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): Ohio

FATHER
13. NAME: Jessie Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Sarah J. Timmons
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Mrs Allice Brown, Slater Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Slater Mo. DATE May, 2, 1938

19. UNDERTAKER (ADDRESS): Jones and Salzer, Slater Mo.

20. FILED May 1, 1938 W. M. Tuttle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY, 1, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1938, to May 1, 1938
I last saw him alive on May 1, 1938. Death is said to have occurred on the date stated above, at 12.30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. myocarditis	?
Arteriosclerosis general	?
Other contributory causes of importance:	
Arthritis, Chr.	?

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) C. A. McBurney, M. D.
(Address) Slater, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.