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

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

Do not use this space.

29829

1. PLACE OF DEATH
County Randolph
Registration District No. 735
File No.
Township Moberly
Primary Registration District No. 3034
Registered No. 161
City (No. St. Ward)

2. FULL NAME Cubert Brown (CUBERT BROWN)
(a) Residence, No. 216 Hett St Columbia Mo 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 Elizabeth Brown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec, 25-1873
7. AGE YEARS 64 MONTHS 7 DAYS 23 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foreman Wabash RR
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) Lincoln Co Mo

FATHER
13. NAME William Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Mrs Elizabeth Brown Columbia Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Wright City Mo DATE 8-19-38, 19
19. UNDERTAKER (ADDRESS) W. H. Vandeventer Columbia Mo
20. FILED Aug 18th 1938 Ethel Glutin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1938, to Aug 18, 1938
I last saw him alive on Aug 18, 1938. Death is said to have occurred on the date stated above, at 10:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis agitans	1925

Other contributory causes of importance:
Fracture of right femoral neck 8/8/38

Name of operation None Date of
What test confirmed diagnosis? CA Lab 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) Max E. Kaiser, M. D.
(Address) Wabash Employes Hospital Moberly, Mo.

RECEIVED
District Health Officer No. 10
District File Number 10-38-191
Date Filed 4-19-38

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

29829
Do not use this space.

1. PLACE OF DEATH
(a) County Randolph — Registration District No. 735
(b) Township — Primary Registration District No. 3234 — Registered No. 161
(c) City Moberly — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Culbert Brown
(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: m
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): m

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

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

7. AGE: YEARS 64 | MONTHS 7 | DAYS 23 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE ..... 19....

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED ..... 19.... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18, 1938

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
Paralysis agitans	

Other contributory causes of importance: Fracture of right Femur neck — 8/8/38

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 8/8, 1938
Where did injury occur? Moberly, Randolph, Missouri (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Wabash Employes Hospital
Manner of injury Fell to floor while standing
Nature of injury Fracture neck of right femur

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Max E. Harpes, M. D.
(Address) Wabash Employes Hospital Moberly Mo

Death was reported to me by Mrs. Culbert Brown Aug 18 1938 Max E. Harpes M.D.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-29829