

1937 SFP 26 1937

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

Do not use this space.

PLACE OF DEATH

St. Louis
Memphis

Registration District No. 810
Primary Registration District No. 4488

30105

File No.
Registered No. 34

NAME: Charley M. Brown 6571
Residence, No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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

4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

WIDOWED, OR DIVORCED
NAME OF DECEASED: Mary E. Brown

BIRTH (MONTH, DAY, AND YEAR): 15 Apr 1865
YEARS: 3 MONTHS: 4 DAYS: If LESS than 1 day, hrs. or min.

Profession, or particular of work done, as spinner, teacher, bookkeeper, etc.: Retired laborer

Occupation last worked at (month and year):
11. Total time (years) spent in this occupation:

PLACE (CITY OR TOWN) AND COUNTRY: Northumberland, Penn
Chinzyer Brown

PLACE (CITY OR TOWN) AND COUNTRY: Penn

NAME: Oline France

PLACE (CITY OR TOWN) AND COUNTRY: Penn

NAME: Mary E. Brown
Memphis Mo

PREPARATION, OR REMOVAL: Memphis DATE Aug 17 1937

SIGNATURE: [Signature]
16-38 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1924 to August 15 1937
I last saw him alive on August 14 1937. Death is said to have occurred on the date stated above, at 2:30 A.M.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage

Date of onset: 9/24

Other contributory causes of importance: bronchial disease

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: No
(Signed) J. J. Whitehead, M. D.
(Address) Memphis

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.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

V. S. NO. 2-A

MARGIN RESERVED FOR BINDING

