

REC'D OCT 18 1938

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

Do not use this space.

## 1. PLACE OF DEATH

 County Andrain  
 Township Prairie  
 City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

 Registration District No. 24  
 Primary Registration District No. 5033

 File No. 31596  
 Registered No. \_\_\_\_\_

## 2. FULL NAME

Leslie Renfro 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

## MEDICAL CERTIFICATE OF DEATH

 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 Anna Brown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31 - 1891
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
46 10 20

 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

 10. Date deceased last worked at this occupation (month and year) July, 1938

 11. Total time (years) spent in this occupation life
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrain Co. Mo13. NAME W. Jackson Brown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co. Mo15. MAIDEN NAME Ella Jane Brink16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) roy mo17. INFORMANT (ADDRESS) Raymond Brown Laddonia Mo18. BURIAL, CREMATION OR REMOVAL PLACE DATE Laddonia Mo Sept 21 3819. UNDERTAKER (ADDRESS) H. G. Pranger Laddonia Mo20. FILED R-25 - 1938 W. T. McCall Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 19 1938
 22. I HEREBY CERTIFY. That I attended deceased from June 15th, 1938 to Sept 19, 1938

 I last saw him alive on Sept. 19, 1938 Death is said to have occurred on the date stated above, at 2.30 P.M.

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

Streptococcus Endocarditis 6-15-38

Date of onset

Other contributory causes of importance: AINName of operation None Date of \_\_\_\_\_What test confirmed diagnosis Laboratory 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) W. T. McCall \_\_\_\_\_, M. D.(Address) Laddonia Mo.

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

RECEIVED

District Health Officer No. 10

District File Number 10-38-227

Date Filed 9-25-39