REC'D JAN 20 1938

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

Do not use this space.

43682

File No.

Registered No.

1. PLACE OF DEATH 2

County Linn — Registration District No. 500

Township ~~Jefferson~~ 1 — Primary Registration District No. 4303

City Laclede (No. , St. Ward)

58 4 0

2. FULL NAME 650 Steven Madison 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lucy Ann Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 16, 1853

7. AGE: YEARS 85 — MONTHS 3 — DAYS 2 — If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, 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): Near, London Kentucky 1

FATHER

13. NAME: Hamilton Wade Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennington Gap Virginia 1

MOTHER

15. MAIDEN NAME: Dora Pennington

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennington Gap Virginia 1

17. INFORMANT (ADDRESS): John C. Brown Atlanta, Ga.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Laclede, Mo. DATE 12/30, 1938

19. UNDERTAKER (ADDRESS): W. G. Thorne - L.# 2876 Laclede, Mo.

20. FILED Dec 23 1938 Geo O Plowman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1938, to Dec 18, 1938

I last saw him alive on Dec 16, 1938. Death is said to have occurred on the date stated above, at 4:30 P.

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

Chr. Myocarditis — Date of onset: Unknown

93 C

Other contributory causes of importance: Dec

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) Jane Evans, M. D.

447 (Address) Brookfield 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.

RECEIVED
District Health Officer No. 10
District File Number 10-38-893
Date Filed 1/10/39