

REC'D FEB 23 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

2489

1. PLACE OF DEATH

County HowardRegistration District No. 376Township PruePrimary Registration District No. 4720City 530 Summit, Mo.(No. 1)5524A

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Ward.

Length of residence in city or town where death occurred 15 yrs. mos. ds.

(If nonresident, give city or town and State) 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

Eda Brown

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

Dec 26-1851

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

8714

OCCUPATION

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

Retired farmer

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)

Indiana

FATHER

13. NAME

John Brown

MOTHER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Indiana

15. MAIDEN NAME

Ruby - (unmarried)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Indiana

17. INFORMANT (ADDRESS)

Edna Brown

18. BURIAL, CREMATION, OR REMOVAL

Interred in No. 31

19. UNDERTAKER (ADDRESS)

Interred in No. 31

20. FILED

Jan 31 1939

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan 30 1939

22. I HEREBY CERTIFY That I attended deceased from

Aug 17 1927 to Jan 30 1939I last saw him alive on Jan 25 1939 Death is saidto have occurred on the date stated above, at 8 a.m.

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

Date of onset

Chronic Myocarditis

General arteriosclerosis

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis Biopsy 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

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. M. Dickerson M. D.(Address) Arresting No. 37

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2/7/39