

OFFICE 3

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

Do not use this space.

1. PLACE OF DEATH

County New Madrid
Township Portage
City Portage (No. 1)

Registration District No. 607
Primary Registration District No. 5806

File No. 3256

Registered No. 4
St. _____ Ward _____

2. FULL NAME Travis Brown

(a) Residence, No. Near Portageville, Mo. 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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25 - 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
4 4 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Gibson County

MOTHER 13. NAME Ollie Brown

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

15. MAIDEN NAME Winnie Riddle

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

17. INFORMANT Ollie Brown (ADDRESS) Portageville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Portageville DATE Sept 21, 1938

19. UNDERTAKER (ADDRESS) Riddet & Sons, Co
Milan

20. FILED 7-16 1939 Mary W. Cork Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept., 20, 38 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept., 17, 38 1938 to Sept., 19, 38 1938
I last saw him alive on Sept., 19, 38 1938 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:
Acute entero-colitis Sept., 15

Other contributory causes of importance:
Malnutrition

Name of operation None 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 _____ 1938
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) A. A. Reeder M. D.
Portageville, Mo.
(Address) _____

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.

