

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

Do not use this space.

RECD MAR 9 1939

1. PLACE OF DEATH

County Barton

Registration District No. 40

File No. 5805

Township _____

Primary Registration District No. 4024

Registered No. 4

City Lamar (No. _____)

St. _____ Ward _____

2. FULL NAME

Seymour Floyd 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 (widowed)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7th 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81 9 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
 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) Fairmont W. Va.

FATHER 13. NAME M. J. Brown

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

MOTHER 15. MAIDEN NAME Salina Smith

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

17. INFORMANT (ADDRESS) Glen Brown Lamar, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Cemetery DATE Feb. 17th 1939

19. UNDERTAKER (ADDRESS) River Funeral Home Lamar, Mo.

20. FILED Feb-17-39 Mrs Josephine Fayard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16th 1939

22. I HEREBY CERTIFY, That I attended deceased from November 28, 1938, to Feb 16th, 1939
 I last saw him alive on Feb 10, 1939. Death is said to have occurred on the date stated above, at 1:45 P.M.

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

Hypertensive
Cardio-vascular 15 yrs
disease - terminal
 Other contributory causes of importance:
bronchial pneumonia

Name of operation _____ 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) James A. Atkins, M. D.
 (Address) Lamar, 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. 6,

District File Number 6-39-493

Date Filed MAR 6 1939