

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

Do not use this space.

REC'D JUN 15 1939

17956

1. PLACE OF DEATH

County Bartow Registration District No. 39
Township Golden City Primary Registration District No. 5056
City Golden City (No. 1) St. _____ Ward _____

2. FULL NAME

George Washington 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Mina Brown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 3 - 1865</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>3</u>
	DAYS <u>6</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Crawford Co. Mo.</u>		
FATHER	13. NAME <u>George Washington Brown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Crawford Co., Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Jane Murray</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Crawford Co. Mo.</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Mina Brown Golden City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lockwood Mo.</u> DATE <u>May 11, 1939</u>		
19. UNDERTAKER (ADDRESS) <u>C.A. Phillips Golden City, Mo.</u>		
20. FILED <u>May 11, 1939</u> <u>Mrs. Margaret Lee Jay</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1936 to May 9, 1939
I last saw him alive on May 6, 1939. Death is said to have occurred on the date stated above, at 11:30 P.M.
The principal cause of death and related causes of importance were as follows:
chronic interal disease of heart

Other contributory causes of importance: g.i.w

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) Wm Brooks, M. D.
39 (Address) Golden City Mo

Date of onset
4 or 5
years
ago

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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 6-6-29-1125

Date Filed JUN 2 1939