

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

Do not use this space.

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1. PLACE OF DEATH

County Henry Registration District No. _____
Township Franklin Primary Registration District No. _____
City _____ (No. _____, _____ St. _____ Ward _____)

2. FULL NAME Howard Morrison Brown

(a) Residence, No. Deep Water, Mo 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) Single

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 7 23

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) Henry County, Mo

13. NAME Robert Brown

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

15. MAIDEN NAME Leata Rainey

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

17. INFORMANT (ADDRESS) Robert Brown
Deep Water, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bronington DATE 10-7-31

19. UNDERTAKER (ADDRESS) Funeral Home
Deep Water, Mo

20. FILED 10-5-31 19 31 J. J. Kuehl Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1931, to Oct 5th, 1931
I last saw him live on Oct 5th, 1931. Death is said to have occurred on the date stated above, at 109 m.

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

Typhoid Fever
with
17th
1931
Other contributory causes of importance: ulceration of stomach and intestines
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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 _____, 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? _____
If so, specify _____
(Signed) C. H. Howard, M. D.
(Address) Deep Water, Mo

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Henry Registration District No. 33-1 File No. _____
 Township Fairview Primary Registration District No. 3492 Registered No. 17
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Howard Norman 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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 1931

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

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 12 - 1914

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
17 7 23

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

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 _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER FATHER 13. NAME _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

15. MAIDEN NAME _____

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

Manner of injury _____
 Nature of injury _____

17. INFORMANT (ADDRESS) _____

24. Was disease or injury in any way related to occupation of deceased? _____

18. BURIAL, CREMATION, OR REMOVAL

If so, specify _____

PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS) _____

(Signed) _____, M. D.

20. FILED _____, 19____

(Address) _____

Registrar.

SUPPLEMENTARY

REG-5 SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

LSRHS-5