

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

Do not use this space.

39848

PLACE OF DEATH

County Henry Registration District No. 947 File No. _____
 Township Bowling Primary Registration District No. 5485 Registered No. 100
 City Blairtown (No. _____) St. _____ Ward _____

2. FULL NAME Samuel D. 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 81 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 NO
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28 1863
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 11 22

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) Home
 11. Total time (years) spent in this occupation Life

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

13. NAME Samuel D. Brown

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

15. MAIDEN NAME Bellie Durham

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

17. INFORMANT Ebber Brown
 (ADDRESS) Blairtown Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Hendricks DATE 12-23 1933

19. UNDERTAKER H. B. Smith
 (ADDRESS) Wichita

20. FILED Jan 9 1934 J. R. Hampton
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22 1933

22. HEREBY CERTIFY, That I attended deceased from Dec 22 1933 to Dec 23 1933
 I last saw him alive on 22, 1933 Death is said

to have occurred on the date stated above, at H. P. m.
 The principal cause of death and related causes of importance were as follows:

Old age
162

Other contributory causes of importance:

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? NO 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) Dr. Campbell, M. D.
 (Address) Blairtown

Date of onset

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.

JAN 26 1934

