

NOV 15 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County LinnTownship Grantsville

City _____ (No. _____)

Registration District No. 504Primary Registration District No. 5667File No. 36586Registered No. 10

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(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)

married

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

Elizabeth Brown

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

May 25 1859

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

7552

OCCUPATION

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

Farmer

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)

Lynn Co. Missouri

FATHER

13. NAME

Thomas Brown

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

Howard Co Missouri

MOTHER

15. MAIDEN NAME

Thirza James

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

Waggoner Co Illinois

17. INFORMANT

(ADDRESS)

Mrs H. M. Brown

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Grantsville

DATE

Oct 30

1934

19. UNDERTAKER

(ADDRESS)

Thorne Lusk Co. Linn Co. Mo.

20. FILED

11-7-34U. C. Dryden

Registrar

3 MEDICAL CERTIFICATE OF DEATH

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

Oct 27 193422. I HEREBY CERTIFY, That I attended deceased from April 1 1934 to Oct 27 1934I last saw him alive on Oct 26 1934 Death is saidto have occurred on the date stated above, at 1:29 p. m.

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

Coronary thrombosis Date of onset Oct 26 193494A93D94E

Other contributory causes of importance

myocarditisangina pectoris

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? h

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)

(Address)

M. D.

Thorne Lusk Co.

