

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.

JUN 21 1935

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

Do not use this space.

16280

1. PLACE OF DEATH

County Seneca
Township Clinton
City Clinton (No.)

Registration District No. 347
Primary Registration District No. 3018

File No. 79
Registered No.
St. Ward

2. FULL NAME Charley Brown

(a) Residence, No. W Benton St. Ward.
(Usual place of abode)

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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 10 4

8. Trade, profession, or particular kind of work done; as spinner, sawyer, bookkeeper, etc. General labor
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) Brownstown Mo

13. NAME H N Brown

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

15. MAIDEN NAME Martha Brown

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

17. INFORMANT (ADDRESS) Frank Brown Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crye Ground DATE 5/27 1935

19. UNDERTAKER (ADDRESS) Consolidated Mortuary Clinton Mo

20. FILED 6-3 1935 Dr. J. R. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25 1935

22. I HEREBY CERTIFY. That I attended deceased from May 23 1935 to May 27 1935

I last saw him alive on May 23 1935. Death is said to have occurred on the date stated above, at 10 a.m.

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

Undetermined
Stroke

Other contributory causes of importance:

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 1935

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) S. W. Walker, M. D.
(Address) Clinton, Mo.

