

APR 20 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Henry Registration District No. 347  
Township Bogard Primary Registration District No. 5485  
City Blairstown (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 12042  
Registered No. \_\_\_\_\_

## 2. FULL NAME

Sherman D. Brown

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## 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 Helen Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
69 I 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor. at  
9. Industry or business in which work was done, as silk rearing, saw mill, bank, etc. Blairstown schools  
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) Norris Mo.

13. NAME Durell Brown

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

15. MAIDEN NAME Lyda Ruby

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

17. INFORMANT (ADDRESS) Mrs Helen Brown Blairstown, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blairstown, Mo DATE Mch30-37, 19

19. UNDERTAKER (ADDRESS) O. L. Cook Chilhowee, Mo.

20. FILED 4-8 1937 J. R. Hampton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27 1937

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1937, to March 27, 1937

I last saw him alive on March 27, 1937. Death is said to have occurred on the date stated above, at 8 P. m.

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

Cerebral Hemorrhage

Date of onset  
MAR-23,  
1937

Other contributory causes of importance:

Chronic myocarditis and arterial hypertension.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 1937

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 3

Nature of injury \_\_\_\_\_

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

If so, specify Mechanical excessive exertion(Signed) J. E. Dyer, D.O.(Address) Blairstown, Mo.

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.

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