

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

Do not use this space.

1. PLACE OF DEATH
58 County Linn Registration District No. 501
Township Locust Creek Primary Registration District No. 5666
City _____ (No. _____) St. _____ Ward _____

File No. 3327
Registered No. _____

2. FULL NAME David T. Brown 650
(a) Residence, No. _____ 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. (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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF XXXXXXXXXXXXXXXXXXXXXXX
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29, 1860
7. AGE YEARS 77 MONTHS 5 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

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) 1/25/1938 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Linn County (STATE OR COUNTRY) Missouri
13. NAME Henry Brown
14. BIRTHPLACE (CITY OR TOWN) XXXXXXXXXXXX (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Emeline Prewitt
16. BIRTHPLACE (CITY OR TOWN) XXXXXXXXXXXX (STATE OR COUNTRY) Unknown

17. INFORMANT Bessie Brown (ADDRESS) Purdin, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood Cem. DATE 1/29/1938

19. UNDERTAKER Thorne Undertaking Co. (ADDRESS) Linneus, Missouri

20. FILED 2-9 1938 J. W. Webb Registrar. 450

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/27/1938, 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 19, 1937, to Jan 27, 1938
I last saw him alive on Jan 4, 1938 Death is said to have occurred on the date stated above, at 10:00 a.m.
The principal cause of death and related causes of importance were as follows:

Coronary occlusion
Date of onset Jan 23/38
Other contributory causes of importance: Semibility

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

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) J. W. Webb, M. D.
(Address) Linneus, Mo.

NOTE: 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.

RECEIVED

FEB 28 1938

BUREAU OF VETERINARY SERVICES
MO. STATE BOARD OF HEALTH