Shelton

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

Do not use this space.

10759

1. PLACE OF DEATH
66 County Miller — Registration District No. 561 — File No.
2 Township Saline — Primary Registration District No. 4330 — Registered No. 39
City Eldon (No. ..... St. ..... Ward)

4 2. FULL NAME Ralleigh Glen Brown

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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: Male
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: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 14. 1930

7. AGE: YEARS 1 — MONTHS 0 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) —
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mt Carmel Penn

FATHER
13. NAME: R W Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Corsicana Texas

MOTHER
15. MAIDEN NAME: Martha Geiger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisiana

17. INFORMANT (ADDRESS): R W Brown Eldon Mo

18. ~~BURIAL, CREMATION, OR REMOVAL~~ Burial
PLACE Eldon Mo DATE 3-4 1931

19. UNDERTAKER (ADDRESS): W A Phillips Eldon Mo

20. FILED 3-4 1931 Belle Hayne Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from 3-1, 1931, to 3-3, 1931
I last saw him alive on 3-3, 1931 Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia Bilateral	3-17-31
Other contributory causes of importance: Influenza	2-25-31

11A 07A

Name of operation ..... Date of .....
What test confirmed diagnosis? Direct 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 ....., 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) E C Shelton, M. D.
(Address) Eldon

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.

MAY - 27 193