

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 26 1934

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

Do not use this space.

40662

File No. _____
Registered No. 146
St. _____ Ward _____

1. PLACE OF DEATH

County Sittingston Registration District No. 205
Township _____ Primary Registration District No. 3026
City Chillicothe Mo (No. _____) St. _____ Ward _____

2. FULL NAME Joshua Mitchell Brown

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

(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

1 MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 14 - 1933

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 13 1933, to Dec 14 - 0, 1933.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June - 18 - 1873

I last saw him alive on Dec 14, 1933. Death is said to have occurred on the date stated above, at 9 - P. m.

7. AGE YEARS 60 MONTHS 6 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

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

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

Ulcer of stomach Date of onset 1932

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 _____

117A 117A Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) Chillicothe Mo (STATE OR COUNTRY) _____

13. NAME Bishop Brown

14. BIRTHPLACE (CITY OR TOWN) Chillicothe Mo (STATE OR COUNTRY) _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical exam Was there an autopsy? no

15. MAIDEN NAME Unknown

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)

16. BIRTHPLACE (CITY OR TOWN) Harrisonal Mo (STATE OR COUNTRY) _____

Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

17. INFORMANT Parlance Brown (ADDRESS) Chillicothe Mo

18. BURIAL, CREMATION, OR REMOVAL been PLACE Edgewood DATE Dec - 16 - 1933

19. UNDERTAKER Jas D Gordon (ADDRESS) Chillicothe Mo

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____ (Signed) A. Callin, M. D.
(Address) Chillicothe Mo

20. FILED Dec 16 1933 Donald K. Powell Registrar

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author outlines the various methods used to collect and analyze the data. This includes both manual and automated techniques. The goal is to ensure that the data is both reliable and representative of the overall population being studied.

The third section provides a detailed breakdown of the results. It shows that there is a significant correlation between the variables being measured. This finding is supported by statistical analysis and is consistent with previous research in the field.

Finally, the document concludes with a series of recommendations for future research. It suggests that further studies should be conducted to explore the underlying causes of the observed trends. This will help to develop more effective strategies for addressing the issues at hand.