

FEB 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County Butler Registration District No. 90 File No. 373
 Township Ash Hill Primary Registration District No. 5734A Registered No. 1
 City (No. St. Ward)

2. FULL NAME Francis Marion Brown

(a) Residence, No. Route # 1 Poplar Bluff, Mo. Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mandy Jane Brown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 22, 1850</u>		
7. AGE	YEARS	MONTHS
	<u>85</u>	<u>1</u>
		DAYS
		<u>10</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Unknown</u>		
FATHER	13. NAME <u>Jesse Brown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Rose Hillis (daughter)</u> (ADDRESS) <u>Route #1 Poplar Bluff, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hillis cemetery</u> DATE <u>Jan. 4, 1936</u>		
19. UNDERTAKER <u>Greer Funeral Service</u> (ADDRESS) <u>Poplar Bluff, Missouri</u>		
20. FILED <u>2. 10 1936</u> <u>Tom J. Smith</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-19-1935 to 1-2-1936, 1936
 I last saw him alive on 12-19-1935 Death is said to have occurred on the date stated above, at 8: A. M.
 The principal cause of death and related causes of importance were as follows:
Mitral Sufficiency Date of onset
Chronic Myocarditis
 Other contributory causes of importance:
Chronic Prostatitis

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) St. J. Hillis M. D.
 (Address) Poplar Bluff Mo.

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.

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