

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.

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

Do not use this space.

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FEB 16 1937

1. PLACE OF DEATH

County Butler Registration District No. 89
 Township 1 Primary Registration District No. 3007
 City Paplar Bluff (No. _____) St. _____ (Ward _____)

2. FULL NAME Infant son Raymond Brown

(a) Residence, No. 1315 No. main St Paplar Bluff Mo (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

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25 1937

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

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) Paplar Bluff Mo (STATE OR COUNTRY)

13. NAME Raymond Brown

14. BIRTHPLACE (CITY OR TOWN) Hendrickson Mo (STATE OR COUNTRY)

15. MAIDEN NAME Grace Cox

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) mo

17. INFORMANT Raymond Brown (ADDRESS) Paplar Bluff Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Willard Cem DATE Jan 26 1937

19. UNDERTAKER St. Phelp (ADDRESS) Paplar Bluff Mo

20. FILED 1/26 1937 Blutinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Other contributory causes of importance: _____

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 _____, 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) M. D. Jewell M. D.
 (Address) Paplar Bluff Mo

