

Every item of information 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 1937

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

Do not use this space.

16810

1. PLACE OF DEATH  
 County Linn Registration District No. 469  
 Township North Vernon Primary Registration District No. 5632  
 City North Vernon Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME George Washington Brown  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 86 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 Sarah Margurite Brown  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16 - 1850  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
86 10 19  
 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)  
 11. Total time (years) spent in this occupation  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Vernon Mo.  
 13. NAME William Brown  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa  
 15. MAIDEN NAME Mary Francis Telle  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa  
 17. INFORMANT J. E. Brown  
 (ADDRESS) North Vernon Mo.  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Saline DATE July 7, 1937  
 19. UNDERTAKER Geo. B. O'Neil  
 (ADDRESS) North Vernon Mo.  
 20. FILED 24 1937 J. E. Brown  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5<sup>th</sup> 1937  
 22. I HEREBY CERTIFY, That I attended deceased from 12-1 1937, to 1-5 1937  
 I last saw him/her alive on 7:00 24 1937 Death is said to have occurred on the date stated above, at 6:10 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Mitral Stenosis  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation Chromosome 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) W. S. Brumby, M. D.  
 (Address) Wells, Ind

