

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

Do not use this space.

**24163**

**1. PLACE OF DEATH**

County Ray  
Township Richmond  
City Richmond (No. \_\_\_\_\_)

Registration District No. 744  
Primary Registration District No. 3035

File No. \_\_\_\_\_  
Registered No. 59  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Charles W. 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**

|   |                                  |   |
|---|----------------------------------|---|
| 3. SEX<br><u>Male</u>   | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Amanda Brown</u>                             |                                  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 3 1857</u>   |                                  |   |
| 7. AGE YEARS<br><u>75</u>   | MONTHS<br><u>11</u>              | DAYS<br><u>17</u>   |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Carpenter</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)<br><u>Ohio</u>   |                                  |   |
| 13. NAME <u>He not known</u>  |                                  |   |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  |                                  |   |
| 15. MAIDEN NAME <u>He not known</u>   |                                  |   |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  |                                  |   |
| 17. INFORMANT <u>Mrs Amanda Brown</u><br>(ADDRESS) <u>Richmond Mo</u>   |                                  |   |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Carrill Mo</u> DATE <u>7/21/33</u>                                |                                  |   |
| 19. UNDERTAKER <u>E. M. Joiner</u><br>(ADDRESS) <u>Richmond Mo</u>  |                                  |   |
| 20. FILED <u>8-10</u> , 19 <u>33</u> <u>E. E. Day</u><br>Registrar.   |                                  |   |

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1933, to July 20, 1933.  
I last saw him alive on July 19, 1933. Death is said to have occurred on the date stated above, at 6:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Aortic regurgitation  
arteriosclerosis  
chronic aortitis  
Date of onset \_\_\_\_\_

Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? PEx 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) Harry Miller Giffell, M. D.  
(Address) Richmond Mo

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. AUG 26 1933

