

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 14 1934

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

Do not use this space.

23856

## 1. PLACE OF DEATH

County CooperRegistration District No. 218Township BoonvillePrimary Registration District No. 3015City Boonville (No.     )St.      Ward     2. FULL NAME George D Brownfield(a) Residence, No.     St.     Ward.     (Usual place of abode)  
Length of residence in city or town where death occurredyrs.     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)

Married

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

Georgia Brownfield

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Mar 9 - 1879

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

55412

## OCCUPATION

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

Lawyer

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)

July 1934

11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Cooper Co Mo

## FATHER

## 13. NAME

Martin Brownfield

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

## 15. MAIDEN NAME

Adeline Lewis

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

## 17. INFORMANT (ADDRESS)

Mrs Geo D Brownfield  
Boonville Mo

## 18. BURIAL, CREMATION, OR REMOVAL

## PLACE

California MoDATEJuly 22 1934

## 19. UNDERTAKER (ADDRESS)

Goodman & Holley  
Boonville Mo

## 20. FILED

7/211934Geo D Brownfield  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 21 - 1934

## 22. I HEREBY CERTIFY That I attended deceased from

April 20, 1934, to July 21, 1934Last saw him alive on, July 20, 1934 Death is saidto have occurred on the date stated above, at 3 A.M.

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

Heart Block

Date of onset

9:15 P.M.  
1934

Other contributory causes of importance:

intense heatName of operation noneDate 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? no 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) M. S. McGuire, M. D.(Address) Boonville Mo

