

Place of Birth
Woodbury

STATE OF IOWA—Department of Vital Statistics

CERTIFICATE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. County of.....
 2. Township of..... **Sioux City**
 3. City or Town of..... **Sioux City** (No. **St Joseph Hospital** Ward)
 4. FULL NAME..... **Chas Edward Brown**

5. SEX **Male** 6. COLOR **White**

17. DATE OF DEATH
Febr 9th 1914
 (Month) (Day) (Year)

7. DATE OF BIRTH
Aug. 31 1881
 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from
about 12/20 1913 to 2/9 1914
 that I last saw him alive on **2/9 1914**
 and that death occurred on the date stated above, at **10 o'clock**

8. AGE
32 5 8
 Years Months Day

18. M. The CAUSE OF DEATH was as follows:
Acute Lymphangitis and Phlebitis
 1914

9. SINGLE, MARRIED, WIDOWED OR DIVORCED **Married**

10. BIRTHPLACE (State or Country) **Iowa**

11. NAME OF FATHER **F.S. Brown**

(Duration) **about 49 Days**
 Contributory **acute dilatation of left Ventricle of Heart** (Duration) **15 Days**

12. BIRTHPLACE OF FATHER (State or Country) **Unknown**

13. MAIDEN NAME OF MOTHER **Unknown**

19. (Signed) **F. S. Johnson** M.D.
2/9/14 20. (Address) **Sioux City, Ia.**

14. BIRTHPLACE OF MOTHER (State or Country) **Unknown**

21. SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents.

15. OCCUPATION **Base Ball**

Former or Usual Residence..... How long at Place of Death?..... Days

The Above Should Be Personal Particulars Are True to the Best of My Knowledge and Belief
Mrs. C.E. Brown

Where was disease contracted, if not at place of death?

16. (Address) **Onawa Ia.**

22. PLACE OF BURIAL OR REMOVAL **Onawa Ia.** 23. DATE OF BURIAL **2/11/14**

24. UNDERTAKER **W.F. DICKINSON** 25. ADDRESS **SIoux CITY**