

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

Do not use this space.

28 1918

1. PLACE OF DEATH  
 County Johnson Registration District No. 433  
 Township Columbus Primary Registration District No. 5590  
 City Farm (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 40499-1  
 Registered No. \_\_\_\_\_

2. FULL NAME Warren Martin 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
30 Sept 11

OCCUPATION 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. Farmer  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) all spent in this occupation all of life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co mo

MOTHER 13. NAME James Bowen Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

15. MAIDEN NAME Phoebe-Alice Martin

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

17. INFORMANT (ADDRESS) Brown C Brown  
Adessa mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE St. Johns DATE 11/21 1918

19. UNDERTAKER (ADDRESS) Chas. Wagner  
Adessa - mo.

20. FILED \_\_\_\_\_, 19 \_\_\_\_\_

Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 19 1918  
 22. I HEREBY CERTIFY, That I attended \_\_\_\_\_ since \_\_\_\_\_  
Nov 18 1918 to \_\_\_\_\_ 19\_\_\_\_  
 I last saw him alive on Nov 18 1918. Death is said to have occurred on the date stated above, at 4:00 m.

The principal cause of death and related causes of importance were as follows:  
Influenza Pneumonia Date of onset 11/19/18  
109A  
 Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis clinical Was there an autopsy? no

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) R. J. Delaplaine, M. D.  
 (Address) Adessa mo



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CERTIFICATE OF DEATH

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Johnson  
Township Columbus  
City                      (No.                     )

Registration District No. 433  
Primary Registration District No. 5590

File No.                       
Registered No.                       
St.                      Ward                     

2. FULL NAME Warren Martin Brown

(a) Residence, No.                      St.                      Ward                       
(Usual place of abode)

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. (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) Single

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>30</u>	<u>9</u>	<u>11</u>	<u>                    </u>	<u>                    </u>

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) Johnson Co. Arkansas

FATHER: 13. NAME James Bowyer Brown  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West of Johnson

MOTHER: 15. MAIDEN NAME Sheebia Wood Martin  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Johnson

17. INFORMANT (ADDRESS)                     

18. BURIAL, CREMATION, OR REMOVAL PLACE                      DATE 11/21

19. UNDERTAKER (ADDRESS)                     

FILED Jan 21 1933 J. G. Coffman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 19, 1918

I HEREBY CERTIFY, That I attended deceased from Nov. 18 to Nov. 18, 1918.

I last saw h.                      alive on Nov. 18, 1918. Death is said to have occurred on the                      day, at                      m.

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

Influenza - Pneumonia Date of onset 11/9/18

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) A. C. Schooley, M. D.  
(Address)                     

DO NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

4DL199-1

Odessa Mo.  
Dec. 29-1932.

This is to certify that Warren M. Brown died at his home near Odessa Mo. on Nov. 19-1918, That he was burried on Nov. 21-1918 at Mt. Tabor near Odessa Mo., by C. E. Prather, a licensed undertaker employed by Chris Wagner owner of an undertaking business at Odessa Mo. C E Prather died on April 27-1931. The above facts and dates were taken from records of funerals conducted by C. E. Prather while employed by Chris Wagner.

*Chris Wagner*

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Subscribed and sworn to before me, a Notary Public for Lafayette County Missouri, this 29th day of Dwcember, 1932.

*Jessie McStathery*  
Notary Public

Commission expires March 8th 1934

40499-1.