OCT 24 1927

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

Do not use this space.

26568

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 970

City St. Joseph, (No. City Isolation Hospital 2222 Sacramento Street, St. Ward)

2. FULL NAME Hugh Emmet Brown,

(a) Residence. No. 614 North 5th, St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 10, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	19	9	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Stenographer,
(b) General nature of industry, business, or establishment in which employed (or employer) Wholesale Dry Goods
(c) Name of employer Richardson Dry Goods Co.

9. BIRTHPLACE (CITY OR TOWN) Converse,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER George W. Brown,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Converse,
(STATE OR COUNTRY) Missouri,
12. MAIDEN NAME OF MOTHER Lizzie Marsh,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Holt,
(STATE OR COUNTRY) Missouri.

14. INFORMANT George W. Brown
(Address) 614 North 5th. Street.

15. FILED 9/22 1927 John G. Fitz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 21 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1927, to Sept 21, 1927 that I last saw him alive on Sept 21, 1927, and that death occurred, on the date stated above, at about 6:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Polio Myelitis

16 hrs (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? ~~Clin~~ Physical

(Signed) F P Walker, M. D

Sept 21, 1927 (Address) 412 Kirkpatrick Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Converse, Mo. via Auto — DATE OF BURIAL Sept. 23 1927

20. UNDERTAKER Stenton-Bessolo Und Co. by J. H. Kaufo — ADDRESS 319 S. 10 St.

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.