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

Do not use this space.

33138

File No.
Registered No.

1. PLACE OF DEATH

County: Dunklin — Registration District No.: 288
Township: Independence — Primary Registration District No.: 4-172
City: (No. 5 Ash, St.) (Ward)

2. FULL NAME E. J. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*)
M	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 3-1926

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	5	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kennett, (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Fred A. Brown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kennett (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Laura Belle Snyder
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bloomington (STATE OR COUNTRY) Ill.

14. INFORMANT E. Snyder
(Address) Kennett, Mo.

15. FILED 12/3, 1927 E. L. Spencer M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov-16 1927

17.
I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
that I last saw h. alive on 11/14, 19 27, and that death occurred, on the date stated above, at ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Burns
accidental

(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) James J. Roer M. D.
11/30, 1927 (Address) Kennett

*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 Mo — DATE OF BURIAL 11/17 1927

20. UNDERTAKER Baldwin Furn. Co. — ADDRESS

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.