

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

Do not use this space.

17339

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

File No. _____

Township _____

Primary Registration District No. 1001

Registered No. 637

City St. Joseph,

(No. Missouri Methodist Hospital)

St. _____ Ward)

2. FULL NAME Renner Frank Brown,

(a) Residence. No. 2110 Main

St. _____ Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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)

Married,

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

Nettie E. Brown,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 17, 1886

7. AGE

YEARS

MONTHS

DAYS

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

42

6

27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter,

(b) General nature of industry, business, or establishment in which employed (or employer) House,

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Unknown,

(STATE OR COUNTRY) Kansas,

10. NAME OF FATHER John Brown,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,

(STATE OR COUNTRY) Kansas,

12. MAIDEN NAME OF MOTHER Melissa Kellogg,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Rosendale,
(STATE OR COUNTRY) Missouri,

14. INFORMANT Mrs. Nettie E. Brown

(Address) 2110 Main Street,

15. FILED 16 1929

John E. W. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 14 19 29

17. I HEREBY CERTIFY, That I attended deceased from May 14 1929, to May 14 1929, that I last saw him alive on May 14 1929, and that death occurred, on the date stated above, at 6:40 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Thrombosis of mesentery

99A

(duration) _____ yrs. mos. ds.

CONTRIBUTOR (SECONDARY)

None

(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. 2110 Main

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Autopsy

(Signed) Huston Han, M. D.

5/15 1929 (Address) 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

DATE OF BURIAL

Savannah, Mo. via auto

May 16, 19 29

20. UNDERTAKER

ADDRESS

Heaton-Bellows' Burma 315 S. 10 St

by J. W. Farley Funeral Home

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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1

