

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

Do not use this space.

7744

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph, (No. 1721 1/2 Olive)

Registration District No. 85
Primary Registration District No. 1001

File No. _____
Registered No. 286
St. _____ Ward)

2. FULL NAME Robert Victor Brown,

(a) Residence No. 1721 1/2 Olive St., _____ Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 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) March 5, 1930.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work child.
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER Robert C. Brown,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) New Hampton,
(STATE OR COUNTRY) Missouri,
12. MAIDEN NAME OF MOTHER Belva Bottorffe
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Union Chapel
(STATE OR COUNTRY) Missouri,

14. INFORMANT Robert C. Brown
(Address) 1721 1/2 Olive Street.

15. FILED 1930 REGISTRAR John G. W.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 7, 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1930 to Mar 7, 1930 that I last saw him alive on Mar 7, 1930, and that death occurred, on the date stated above, at 4:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth

159

(duration) _____ yrs. mos. 2 ds.
CONTRIBUTORY Workman
(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? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) B. W. Quackley, M. D.
Mar. 8, 1930 (Address) Pt S 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 Union Star, Mo. via auto DATE OF BURIAL Mch. 8th 19 30

20. UNDERTAKER Headon-Belale Brown ADDRESS 319 S. 10 St.

Funeral Home

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.

APR 28 1930

