

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

Do not use this space.

18790

1. PLACE OF DEATH
 County Callaway Registration District No. 104
 Township Fulton Primary Registration District No. 3006
 City Fulton (No.) St. Ward

2. FULL NAME William Irvin Brown, Jr.
 (a) Residence. No. 417 N.W. 8th 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.

File No.
 Registered No. 124
 St. Ward

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
 4. COLOR OR RACE Negro
 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) Apr. 24 - 30

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
1 14

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Fulton
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Irvin Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Beth Dudley

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

14. INFORMANT Irvin Brown
 (Address) Fulton Mo

15. FILED June 7 1930 R. N. Crews
 REGISTRAR

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

17. I HEREBY CERTIFY, That I attended deceased from June 2 to June 7, 1930, that I last saw him alive on June 7, 1930, and that death occurred, on the date stated above, at 5:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1. Labor Pneumonia
2. Heart Failure

(duration) yrs. mos. ds.

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

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) M. A. Anderson, M.D.
 , 19 30 (Address) Fulton Mo

*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 White Cloud Cemetery DATE OF BURIAL June 8 1930

20. UNDERTAKER Old Bell ADDRESS Fulton Mo

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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