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

Do not use this space.

85

38664

File No.

Registered No. 1400

JAN 19 1931

1. PLACE OF DEATH
County Buchanan
Registration District No. 1001
Primary Registration District No.
Township
City St. Joseph, (No. Rear 624 North 5th. St. Ward)

2. FULL NAME John Henry, Brown,
(a) Residence. No. 624 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 10 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	Widowed,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 1, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	8	28	

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

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

PARENTS
10. NAME OF FATHER Ward Brown,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Nashville,
(STATE OR COUNTRY) Tennessee,
12. MAIDEN NAME OF MOTHER Elizabeth Ankrum
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Pennsylvania,

14. INFORMANT Luke M. Brown
(Address) Rushville, Missouri

15. FILED JAN 3 1931, 19 John L. Ut. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 29 19 30

17. I HEREBY CERTIFY, That I attended deceased from Viewed on
, 19, to, 19
that I last saw h. alive on, 19, and that death occurred, on the date stated above, at 11:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Homicide by fire arms in hands another party at 624 N 5th
173
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) none
(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? yes
WHAT TEST CONFIRMED DIAGNOSIS History
(Signed) B. W. Tadlock Coroner, M. D.
12/30 1930 (Address) 821 Francis

*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 Rushville, Mo. Armstrong Cemetery near
DATE OF BURIAL Jan. 3, 19 31

20. UNDERTAKER Heaton-Bigale-Bowman Funeral Home
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.