

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.

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

Do not use this space.

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township Primary Registration District No. 1001
 City St. Joseph (No. St. Joseph Hospital)
 2. FULL NAME Joseph Edwin Brower
 (a) Residence No. St. Ward. Cainsville Mo.
 (Usual place of abode) (If nonresident, give city or town and State)
 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.

4698
 File No.
 Registered No. 220
 St. Ward)

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 Mae P Brower
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15, 1877
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
53 9 12

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

9. BIRTHPLACE (CITY OR TOWN) Cainsville
 (STATE OR COUNTRY) Missouri

PARENTS
 10. NAME OF FATHER Ephriam F Brower
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) South Carolina
 (STATE OR COUNTRY) " " 2
 12. MAIDEN NAME OF MOTHER Mary F Brient
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. Mae P Brower
 (Address) Cainsville Missouri

15. FILED 2-27-31 John R Bender
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 27 19 31
 17. I HEREBY CERTIFY, That I attended deceased from 2-24, 1931, to 2-27, 1931, that I last saw him alive on 2-27-31, 1931, and that death occurred, on the date stated above, at 10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis, General
117B
120
 (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Duodenal ulcer - perforated
 (duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH Cainsville, Mo
 DID AN OPERATION PRECEDE DEATH? yes DATE OF 2-24-31
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Operative
 (Signed) P. S. Johnson, M. D.
Feb. 27 19 31 (Address)

*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 Cainsville Mo.
 DATE OF BURIAL Feb. 29 19 31

20. UNDERTAKER H. O. Sidenfaden
 ADDRESS 1802 Union St
4428

