

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.

1931 MAY 27 1931

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

Do not use this space.

10773

1. PLACE OF DEATH  
 66 County Miller Registration District No. 561  
 1 Township 3rd Primary Registration District No. 5756  
 1 City Rayne (No. ....) St. .... Ward)  
 2. FULL NAME Jess Brown  
 (a) Residence, No. .... 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 28 - 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
52 5 - 11 18 -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common laborer  
 OCCUPATION  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Company Dan  
 10. Date deceased last worked at this occupation (month and year) Just now today 11. Total time (years) spent in this occupation 16 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

13. NAME Jess Brown  
 FATHER  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK

15. MAIDEN NAME DK  
 MOTHER  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) America

17. INFORMANT Stoner & Webster: Records.  
 (ADDRESS) Eldon, Mo.

18. BURIAL, CREMATION, OR REMOVAL Buried  
 PLACE Eldon Mo. DATE 3-18 1931

19. UNDERTAKER Kidwell Undertakers.  
 (ADDRESS) Wesley Mo.

20. FILED 3-18 1931 Belle Haynes  
 Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16 1931

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
 I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.  
 The principal cause of death and related causes of importance were as follows:  
180  
Burn in Hotel  
fire at Rayne  
Investigate by coroner  
 Other contributory causes of importance:  
180  
 Name of operation ..... Date of .....  
 What test confirm diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? suicide Date of injury (5) 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify .....  
 (Signed) J. H. House Coroner, M. D.  
 (Address) Liberty

