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.

NOV 24 1931

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

Do not use this space.

34307

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township Blue — Primary Registration District No. 3019 — Registered No. 356
City Independence (No. Indep. Sanitarium St. Ward)

2. FULL NAME Thomas Brown
(a) Residence, No. 317 S Spring St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14 — 1920
7. AGE: YEARS 11, MONTHS 6, DAYS 14 — If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Mo.

FATHER
13. NAME Robert E Brown.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

MOTHER
15. MAIDEN NAME Mary E Pollard.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Odessa. Mo.

17. INFORMANT (ADDRESS) Mrs. Mary O. Dell. 317 S Spring.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn. DATE 10-30 1931
19. UNDERTAKER (ADDRESS) Ott + Mitchell Indep Mo.
20. FILED Oct 29 1931 F L Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/29, 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 12:55 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Burned to Death	

Other contributory causes of importance:
accidental Explosion of Stove - house did not Caused by Kerosene burn
Name of operation ..... Date of
What test confirmed diagnosis? ..... Was there an autopsy? ..... yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 10/28, 1931
Where did injury occur? 315 S. Spring, Indep. Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home of neighbor — W. C. Wright
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Indep — Mo