

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

Do not use this space.

40209
40119

1. PLACE OF DEATH 85
 County Buchanan Registration District No. _____
 Township _____ Primary Registration District No. 1001
 City St. Joseph, Mo. (No. Missouri Med Hospital) St. _____ Ward _____
 Registered No. 1254

2. FULL NAME E. C. Brown
 (a) Residence, No. 519 South 6th 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 (write the word) unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>73</u>	<u>unknown</u>	<u>unknown</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common

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) unknown

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Records of Mother's Book
(ADDRESS) St. & Ferguson Sts.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE City Cemetery DATE Dec. 16 1931

19. UNDERTAKER E. Q. Sillenkaden
(ADDRESS) 602 So. 12th St.

20. FILED 12-18-31 19 _____
John R. Bender
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15 - 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1931, to Dec 15, 1931.
 I last saw him alive on Dec 14, 1931. Death is said to have occurred on the date stated above, at 8 a.m.
 The principal cause of death and related causes of importance were as follows:
Pneumo pneumonia
131
1046
97 / 131
 Other contributory causes of importance:
Arterio sclerosis
decelts
Neph. Ch. Uremia

Name of operation none Date of _____
 What test confirmed diagnosis? clin Was there an autopsy? Y

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 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? N
 If so, specify _____
 (Signed) E. J. Jenson, M. D.
 (Address) St. Joseph, 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.

JAN 19 1931

