APR 24 1933

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

Do not use this space.

9052

1. PLACE OF DEATH
County _DeKalb_
Township _Grand River_
City _____ (No. _____)

Registration District No. _260_
Primary Registration District No. _5363_

File No. _____
Registered No. _____
St. _____ Ward)

2. FULL NAME _John Franklin Drown_

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX _Male_
4. COLOR OR RACE _White_
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _widower_

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Mar. 4. 1858_

7. AGE
YEARS _75_
MONTHS _0_
DAYS _8_
If LESS than 1 day, _____ hrs. or _____ min.

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

FATHER
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Michigan_
13. NAME _James Drown_
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Vermont_

MOTHER
15. MAIDEN NAME _Eliza Cooper_
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT _Roy Drown_
(ADDRESS) _Cameron Mo_

18. BURIAL, CREMATION, OR REMOVAL
PLACE _Dolano Cemetery_ Mch. 15 1933

19. UNDERTAKER _J W Poland_
(ADDRESS) _Cameron Mo_

20. FILED _3-18_ 1933 _May S. McMahill_
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _Mar. 12. 19 33_

22. I HEREBY CERTIFY, That I attended deceased from _March 10_, 19 33, to _March 11_, 19 33
I last saw h— alive on _March 11_, 19 33. Death is said to have occurred on the date stated above, at _12 26 P_
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Date of onset _3/10/33_
apoplexy

Other contributory causes of importance:
Arteriosclerosis
10 yrs.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _No_
If so, specify _____
(Signed) _T Thompson_ M. D.
(Address) _Cameron Mo._