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.

MAY 24 1933

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

Do not use this space.

14372

1. PLACE OF DEATH
County St Louis — Registration District No. 784 — File No.
Township St Ferdinand — Primary Registration District No. 6030 — Registered No.
City Kinloch (No. 19, King St St. Ward)

2. FULL NAME John J. Brown
(a) Residence, No. 1915 King 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: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 25 - 1855

7. AGE: YEARS 77 — MONTHS — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Coachman
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): Stanton Tenn.

FATHER
13. NAME: John Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER
15. MAIDEN NAME: Annie Ash
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

17. INFORMANT (ADDRESS): Eva Brown Kinloch, MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Pk DATE 4/9 1933

19. UNDERTAKER (ADDRESS): A. Russell Und. 2732 Pine St

20. FILED 4-13 1933 Emma J. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 4th 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1st, 1932 to April 5, 1933
I last saw him alive on April 5, 1933 Death is said to have occurred on the date stated above, at 2:35 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Interstitial Nephritis	1925
131	
131	
131	

Other contributory causes of importance:

Chr myocarditis	1928
Arteriosclerosis	1920

Name of operation: None Date of: —
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) Roy Johnson, M. D.
(Address) Ferguson MO

Dr Johnson
Ferguson, Mo