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

Do not use this space.

85

32285

File No.

Registered No. 1044

1. PLACE OF DEATH
County Buchanan
Township
City St. Joseph, Mo. (No. 710 Concord St. Ward)

Registration District No.
Primary Registration District No. 1001

2. FULL NAME Joseph Bernard Brown
(a) Residence, No. 710 Concord 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*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 6, 1878

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
54	11	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
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) Wheaton, Illinois

FATHER
13. NAME Dr. J. H. Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wheaton, Illinois

MOTHER
15. MAIDEN NAME Maria Pruce
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Penn.

17. INFORMANT Elizabeth Brown
(ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Oct. 24, 1933

19. UNDERTAKER Fleeman Mortuary, Inc.,
(ADDRESS) St. Joseph, Mo.

20. FILED OCT 24 1933 John R. Bender Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1933, to Oct 22, 1933
I last saw h. alive on Oct 22, 1933. Death is said to have occurred on the date stated above, at 4:20 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	unknown
Other contributory causes of importance: Contusion of Brain	Aug 17 1933

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? Accident Date of injury Aug 17, 1933
Where did injury occur? South St Joseph Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Struck by Automobile
Nature of injury Contusion of Brain

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Gustav A. Lau, M. D.
(Address) 217 Kirkpatrick Bldg. St Joseph Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOV 10 1933