

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 20 1934

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

Do not use this space.

2 39540

1. PLACE OF DEATH

County Cole Registration District No. 213
Township Jefferson Primary Registration District No. 3014
City Jefferson (No. _____) St. _____ Ward _____

2. FULL NAME

Daniel Brown #40695
(a) Residence, No. Missouri State Prison Ward. St. Louis Missouri
(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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23, 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
25 8 17

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

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT The State Penitentiary (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Missouri, Mo DATE 12-13 1933

19. UNDERTAKER Thurpe, Gordon (ADDRESS) Jefferson City, Mo.

20. FILED 12/30 1933 W. H. Lamb Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/10 1933

22. I HEREBY CERTIFY, That I attended deceased from November 3 1933 to December 10 1933
I last saw him alive on December 10 1933 Death is said to have occurred on the date stated above, at H. O. A. M.
The principal cause of death and related causes of importance were as follows:

Appendicitis Date of onset _____
1218
12-9
12/10
Other contributory causes of importance: General Peritonitis

Appendicitis and drainage
Name of operation of abdomen Date of 12-8-33
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? _____
If so, specify _____
(Signed) W. H. Lamb, M. D.
(Address) Jefferson City, Mo.

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