JAN 26 1934

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

Do not use this space.

40662

1. PLACE OF DEATH
County: Livingston — Registration District No.: 508 — File No.:
Township: — Primary Registration District No.: 3026 — Registered No.: 14a
City: Chillicothe Mo (No. ..., ... St. ... Ward)

2. FULL NAME: Joshua Mitchell Brown

(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

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June-15-1873

7. AGE — Years: 60 — Months: 6 — Days: 16 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Fur dealer
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): Chillicothe Mo

FATHER
13. NAME: Bishop Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chillicothe Mo

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hannibal Mo

17. INFORMANT (ADDRESS): Parlanne Brown, Chillicothe Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Edgewood Cem — DATE: Dec-16-1933

19. UNDERTAKER (ADDRESS): Jas D. Gordon, Chillicothe Mo

20. FILED: Dec 16, 1933 — Donald M. Powell, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec-14-1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1933, to Dec 14-1, 1933. I last saw him alive on Dec 14, 1933. Death is said to have occurred on the date stated above, at 9 - P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[illegible]	
Ulcer of stomach	1932

Other contributory causes of importance: [illegible]

Name of operation: ... Date of:
What test confirmed diagnosis? Physical signs 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) A. Collier, M. D.
(Address) Chillicothe Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.