

MAR 17 1936

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

Do not use this space.

5003

1. PLACE OF DEATH

County CassRegistration District No. 156

File No.

Township

Primary Registration District No. 4090

Registered No.

City Harrisonville (No.)

St. Ward)

2. FULL NAME

William Martin 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 6 yrs. — mos. — da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE white5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFBicy May Brown6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29 - 18597. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 4 168. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe maker

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) Ohio
(STATE OR COUNTRY)13. NAME Martin Brown14. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) M. S. A.15. MAIDEN NAME Katharine Mitchell16. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)17. INFORMANT Mrs Fred Gray
(ADDRESS) Orifield, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Orifield DATE 2/17 193619. UNDERTAKER Rumranger Bros Fed
(ADDRESS) Harrisonville Mo20. FILED Feb 17 1936 E. M. Guffith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15 193622. I HEREBY CERTIFY, That I attended deceased from Feb 9 1936 to Feb 12 1936I last saw him live on Feb 15 1936 Death is said to have occurred on the date stated above, at 9:00 p. m.

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

Angina and
mitral regurgitation
of heart

Date of onset

Other contributory causes of importance:

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?

If so, specify

(Signed) E. M. Guffith M. D.(Address) Harrisonville Mo

