

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

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

Do not use this space.

43856

1. PLACE OF DEATH

County Buchanan
Township
City St Joseph

Registration District No. 85
Primary Registration District No. 100 #2
(No. State Hosp #2)

File No.
Registered No. 1551
St. Ward

2. FULL NAME

(a) Residence, No. Williamstown Mo
(Usual place of abode)

Ira W. Brown
Williamstown Mo

Ward. Williamstown Mo
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. 11 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|--|--|--|---|----------------------------------|
| 3. SEX <u>M</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>? unkn</u> | | | | |
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| <u>about</u> | <u>53</u> | | | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>farmer</u> | | | |
| | 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) Missouri

FATHER 13. NAME un known

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk

MOTHER 15. MAIDEN NAME unk

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk

17. INFORMANT (ADDRESS) State Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE State Hosp #2 DATE 12/21 1936

19. UNDERTAKER (ADDRESS) C. D. Sederfus
St. Joseph, Mo.

20. FILED Dec 21 1936 W. J. Neethus Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-18 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1935 to Dec-18 1936

I last saw him alive on 12-18 1936 Death is said

to have occurred on the date stated above, at 540 a.m.

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

Epilepsy prior 1920

Other contributory causes of importance

Name of operation 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) E. De Long M. D.

(Address) State Hosp #2 St. Joseph

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.

