

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.

DEC 8 1936

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

Do not use this space.

45730

1. PLACE OF DEATH

County Perry

Registration District No. 4-3-96 660

File No.

Township Perryville mo

Primary Registration District No. 6-6-9

Registered No.

City Perryville mo (No. 1136)

St. Mo. Ward

2. FULL NAME

Jerome M. Brown

(a) Residence, No. 2 St., 2408 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)

2

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

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

March 11 1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

8

26

OCCUPATION

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

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)

Perry co mo

FATHER

13. NAME

Victor Brown

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

St. Genevieve Co mo

MOTHER

15. MAIDEN NAME

Ester Herrmann

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

St. Louis mo

17. INFORMANT (ADDRESS)

Victor Brown Perryville mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lutheran Church DATE Dec 9 1936

19. UNDERTAKER (ADDRESS)

Young & Son Perryville mo

20. FILED

Dec 9 1936 J. J. Gollme Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7 1936

22. I HEREBY CERTIFY, That I attended deceased from December 3 1936, to December 7 1936

I last saw him alive on December 7 1936. Death is said to have occurred on the date stated above, at 2:40 P m.

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

Bronchitis - pneumonia

Date of onset 12/6/36

Other contributory causes of importance:

Whooping Cough

12/3/36

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? 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) Bernard T. Koon, M. D.

(Address) Perryville, Mo.

