

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

Do not use this space.

**MAY 31 1937**

17274

1. PLACE OF DEATH  
82 County Pike  
Township Spencer  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 686  
Primary Registration District No. 5913

File No. \_\_\_\_\_  
Registered No. 8 Ward \_\_\_\_\_

2. FULL NAME James K. Brown  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Margaret William Brown</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 12 - 1866</u>				
7. AGE <u>70</u>	YEARS <u>5</u>	MONTHS <u>18</u>	DAYS <u>18</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation <u>18</u>		Date of onset
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Spencer township Pike Co. Mo</u>				
13. NAME <u>William R. Brown</u>				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. Carolina</u>				
15. MAIDEN NAME <u>Elizabeth Sisson</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>				
17. INFORMANT <u>Frank Brown</u> (ADDRESS) <u>Curryville Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Curryville Cem.</u> DATE <u>May 2 1937</u>				
19. UNDERTAKER <u>W. B. Elmore</u> (ADDRESS) <u>Bowling Green Mo</u>				
20. FILED <u>May 1937</u> <u>Gene Hendrix</u> Registrar				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-30 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1936, to 4-30, 1937  
I last saw h. min alive on 4-28-37, 1937 Death is said to have occurred on the date stated above, at 7 a.m.  
The principal cause of death and related causes of importance were as follows:  
Cause of both femurs  
5  
Other contributory causes of importance:  
Relieved to Brain

Name of operation no Date of \_\_\_\_\_  
What test confirmed diagnosis? Cholesterol 78 mg 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) J. H. McLooney M. D.  
(Address) Bowling Green Mo

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.

