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.

22 JUN 17 1937

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 19444
Township — Primary Registration District No. 1001 — Registered No. 535
City St. Joseph (No. State Hosp #2 St. Ward)

2. FULL NAME William Brown
(a) Residence, No. Forest City St., Ward. Hold County Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 1 mos. 18 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20 1868
7. AGE YEARS 69 MONTHS 1 DAYS 14 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Forest City Mo

FATHER
13. NAME Marion Donald Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo ?

MOTHER
15. MAIDEN NAME Francis Tipton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) State Hospital #2 Records
18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest City Mo DATE May 6 1937
19. UNDERTAKER (ADDRESS) Lester Pettijohn Oregon Mo
20. FILED May 4 1937 H J Nettlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1936, to May 4, 1937
I last saw him alive on May 4, 1937 Death is said to have occurred on the date stated above, at 4 45/A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Mar 28 1936

93c

Other contributory causes of importance:

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) E. E. DeLong M.D., M. D.
(Address) State Hospital #2