

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

Do not use this space.

2628

1. PLACE OF DEATH
 County Douglas Registration District No. 1071
 34 Township Wells Primary Registration District No. 5398
 City (No.) St. Ward)
 2. FULL NAME William H. Brown 650
 (a) Residence, No. St. Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ellen Brown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29 1871
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 1 15
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) Decatur Ill
 MOTHER FATHER 13. NAME John R. Brown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
 15. MAIDEN NAME Serena Johnson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk.
 17. INFORMANT L. F. Brown
 (ADDRESS) 314 2nd St. Kan City Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Adams Cem. DATE Jan. 16 1938
 19. UNDERTAKER C. V. Clinkbeard
 (ADDRESS) awa. Mo.
 20. FILED Jan. 15 1938 Joe Thompson Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13 1938
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Died without medical attendant. An inquest held. Death due to natural causes.
 Other contributory causes of importance: 70
 Date of onset
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes
 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) Joe Thompson L. R. 9
 (Address) Mo.

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.

RECEIVED

FEB 24 1938

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