DEC 11 1939

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

85

39046
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 1001 — Registered No. 1180
(b) Township — Primary Registration District No.
(c) or City St. Joseph (d) Street No. 816 South Sixteenth St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

65

2. PRINT FULL NAME Alexander Jay Brown
(a) Residence, No. 816 South Sixteenth St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 Adella Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1863

7. AGE: Years 76 — Months 7 — Days 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as saw mill, bank, etc. Burlington Railroad
10. Date deceased last worked at this occupation (month and year) 1933
11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (CITY OR TOWN) Mattoon, (STATE OR COUNTRY) Illinois.

FATHER
13. NAME Seth Brown
14. BIRTHPLACE (CITY OR TOWN) Isabell, (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Lavina Mattox
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Adella Brown
(ADDRESS) 816 South Sixteenth, St. Joseph

18. BURIAL, CREMATION, OR REMOVAL St. Joseph, Missouri
PLACE Memorial Park DATE November 17, 1939

19. FUNERAL DIRECTOR (NAME) Walter Meierhofer
(ADDRESS) 1302 Faraon Street, St. Joseph

20. FILED Nov. 18, 1939 H. J. Westlebrook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1939, to November 15, 1939
I last saw him alive on November 13, 1939. Death is said to have occurred on the date stated above, at 9 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	?
& metastasis to liver	
Present incapable when seen 5-29-39	
Other contributory causes of importance:	
Intestinal obstruction (partial)	10-15-39

Name of operation None Date of
What test confirmed diagnosis? Physical 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) Irving Rosenthal, M. D.
(Address) Central Bldg St Joseph mo

(Licensed Embalmer's Statement on Reverse Side)

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

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.

X16605

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ .....

....., Registered Apprentice No.....

working under my personal supervision.

Signed H. H. Kelly

Licensed Embalmer No. Mo. 3946

P. O. Address St. Joseph, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.