

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

Do not use this space.

4410

File No. _____
Registered No. 35
St. _____ Ward _____

1. PLACE OF DEATH

County Clay Co Mo Registration District No. 201
Township _____ Primary Registration District No. 3012
City Liberty (No. _____) St. _____ Ward _____

2. FULL NAME Arthur James Brown

(a) Residence. No. _____ St. _____ 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-1-1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
84 9 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farm
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Ray Co Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Wm Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Sarah White

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

14. INFORMANT Frank Byburn
(Address) Ornick Mo

15. FILED 4/30/30 W. H. Gordon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-12 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 25 1929 to Feb 12 1930
that I last saw h. m. alive on Feb 12 1930, and that death occurred, on the date stated above, at 4 o'clock a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of liver

CONTRIBUTORY (SECONDARY) 44 B
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Burton Malby, M. D.

Apr 26 1930 (Address) Liberty Mo.

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Rowland Cemetery DATE OF BURIAL 2-14 1930

20. UNDERTAKER W. H. Gordon ADDRESS Ornick 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.

MAY

1930

