

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

Do not use this space.

15695

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.

PR 30 1929

**1. PLACE OF DEATH**

County Ray  
Township Crossed river  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 740  
Primary Registration District No. 3975

File No. \_\_\_\_\_  
Registered No. 4  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Thomas Jefferson Brown

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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. (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) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 23 - 1848

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>80</u>	<u>5</u>	<u>13</u>		

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Farming  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

10. NAME OF FATHER Madison Brown

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

12. MAIDEN NAME OF MOTHER Martha Hopkins

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

14. INFORMANT Mrs Kate Wall  
(Address) Hardin mo

15. FILED Apr 10 1929 Jno W Knipschild  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 5 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 19 1928 to April 6 1929  
that I last saw him alive on April 4 1929, and that death occurred on the date stated above, at 2:30 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cirrhosis of Liver  
12/18  
87A  
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cerebral Neurolysis  
(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical  
(Signed) Marrin Kinnis, M. D.  
, 19 (Address) Hardin, Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wakenada Cem  
DATE OF BURIAL Apr-6 1929

20. UNDERTAKER Jno W. Knipschild  
ADDRESS Hardin

R. S. [unclear]  
L. [unclear]