

OCT 31 1930

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

Do not use this space.

30866

1. PLACE OF DEATH

County Ray
Township
City Hardin (No.)

Registration District No. 740
Primary Registration District No. 4442

File No.
Registered No. 20
St. Ward)

2. FULL NAME

Walter Jr 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan. 19 - 1930</u>		
7. AGE	YEARS	MONTHS
	<u>7</u>	<u>15</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work		
(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) Jola Kansas

PARENTS	10. NAME OF FATHER <u>Walter K Brown</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>
	12. MAIDEN NAME OF MOTHER <u>Allie Emfield</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Jola Kans</u>

14. INFORMANT Walter K Brown (Address) Hardin Mo.

15. FILED Oct-10 1930 Jno W. Knipschild REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 4 1930
17. I HEREBY CERTIFY, That I attended deceased from 19. On Sept 4 1930 that I last saw h. alive on 19. and that death occurred, on the date stated above, at 8:00 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholera Infantum
119A / 13A (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Jola, Kansas
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical History
(Signed) Carl H Reed M.D.
. 19 (Address) Hardin

*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 Liberty Cem DATE OF BURIAL Sept-5 1930

20. UNDERTAKER Jno W. Knipschild ADDRESS Hardin Mo.

Every year of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE IS VERY IMPORTANT. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

