

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

Do not use this space.

37603

**1. PLACE OF DEATH**

County RAY  
Township RIEHMOND  
City RIEHMOND (No. ....)

Registration District No. 744  
Primary Registration District No. 3035

File No. ....  
Registered No. 83  
St. .... Ward)

**2. FULL NAME WILLIAM JESSE 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 Myrtle Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26 1879

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>55</u>	<u>0</u>	<u>26</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Ray Mo  
(STATE OR COUNTRY)

13. NAME John T. Brown

14. BIRTHPLACE (CITY OR TOWN) Mo.  
(STATE OR COUNTRY)

15. MAIDEN NAME Amanda Malott

16. BIRTHPLACE (CITY OR TOWN) Mo.  
(STATE OR COUNTRY)

17. INFORMANT Myrtle Brown  
(ADDRESS) Richmond Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Mo DATE 11/20/33

19. UNDERTAKER C. M. Gormin  
(ADDRESS) Richmond Mo

20. FILED 12-7 1933 E E Ray Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/22/33, 1933

22. WHEREBY CERTIFY, That I attended deceased from 11-18-33, 1933, to 11-22-33, 1933

I last saw him alive on 4-22-33, 1933. Death is said

to have occurred on the date stated above, at 6:15 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? P & G 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 ..... 1933

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) W. J. [Signature], M. D.

(Address) Richmond 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 4 1934



[The main body of the document is extremely faint and illegible. It appears to be a multi-column list or ledger with various entries, possibly including names, dates, and numerical values. A small handwritten mark, possibly a checkmark or the number '1', is visible in the lower-middle section.]