

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

Do not use this space.

1. PLACE OF DEATH

County Ray
Township Richmond
City Richmond (No. 11)

Registration District No. 744
Primary Registration District No. 3035-1A

File No. 17814
Registered No. 66
St. _____ Ward _____

2. FULL NAME Wm Jessie 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 Nealie Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/15/1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 8 18

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Farmer

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

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 Co Mo
(STATE OR COUNTRY)

13. NAME Henry Brown

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

15. MAIDEN NAME Ellen Rimmer

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

17. INFORMANT Luther Brown
(ADDRESS) Richmond Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Olell Creek DATE 5/4 1934

19. UNDERTAKER E. V. Gibson
(ADDRESS) Richmond Mo

20. FILED 6-8 1934 E. E. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/3 1934

22. I HEREBY CERTIFY, That I attended deceased from May 3 1934 to May 3 1934
I last saw him alive on May 3 1934 Death is said to have occurred on the date stated above, at 10 A.M.
The principal cause of death and related causes of importance were as follows:

Aproplexy
Stroke
Stroke
Other contributory causes of importance _____
Date of onset _____

Name of operation NONE Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? N.O.

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) L. D. Greene 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.

JUN 26 1934

