

SEP 30 1927

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

Do not use this space.

15906^a

1. PLACE OF DEATH

County Demiseot Registration District No. 651
Township Little Prairie Primary Registration District No. 4388
City Caruthersville St. _____ Ward _____

File No. _____
Registered No. 96

2. FULL NAME James Wesley Brown

(a) Residence No. Caruthersville St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. 5 mos. 8 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 Husband of Elizabeth Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/10-1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 2 7

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) about 19 mos
(STATE OR COUNTRY)

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT (Address) J. W. Brown Caruthersville Mo.

15. FILED Aug 16 1927 Aida Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5 / 8 1927

17. I HEREBY CERTIFY, That I attended deceased from May 8 - 1927, to our visit that I last saw him alive on May 8 - 1927, and that death occurred, on the date stated above, at 8:45

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Some organic heart lesion
95B
36 about 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Blood Poison (Septic Infection) hand (duration) yrs. mos. ds. 5

18. WHERE WAS DISEASE CONTRACTED? Place of death
IF NOT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) J. W. Ferguson M. D.
78, 1927 (Address) Caruthersville 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 DATE OF BURIAL

Little Prairie Cem. 5/9 1927

20. UNDERTAKER H. S. Smith ADDRESS Caruthersville 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.

