

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

Do not use this space.

23632

AUG

6 1927

1. PLACE OF DEATH  
 County Buchanan Registration District No. 83  
 Township \_\_\_\_\_ Primary Registration District No. 1001  
 City St. Joseph, Mo. (No. Noyes Hospital)  
 File No. \_\_\_\_\_  
 Registered No. 769  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Dale A. Brown  
 (a) Residence No. 401 1/2 South 15th Street Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 11 yrs. 0 mos. 0 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 19, 1892  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
35 2 12

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

9. BIRTHPLACE (CITY OR TOWN) Barry, Illinois  
 (STATE OR COUNTRY)

10. NAME OF FATHER Unknown  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Ida Davis  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

14. INFORMANT Mary Murphy  
 (Address) 401 1/2 South 15th Street

15. FILED 8/11, 1927 John G. Wh. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 1, 1927  
 17. I HEREBY CERTIFY, That I attended deceased from Barry, Ill. Aug 1, 1927, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ 12:30 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Over Dose of Morphine  
Probably (accidental)  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY (SECONDARY) W.B.  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH, \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? yes  
 WHAT TEST CONFIRMED DIAGNOSIS? Anti-Martin Diagonal  
+ History of Circumstances  
 (Signed) Dr. Wm. H. Corcoran M. D.  
 , 19\_\_\_\_ (Address) St. Joseph, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL Barry, Illinois DATE OF BURIAL Aug. 1, 1927  
 20. UNDERTAKER Fleming, Paris ADDRESS 1208 Francis

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.



caused by check marks, lacking from the death certificate.

Name: Dale A. Brown

Who died at: St. Joseph, Mo. on Aug. 1, 1927,

Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex: \_\_\_\_\_ Color or race: \_\_\_\_\_ Single, married, widowed or divorced: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade \_\_\_\_\_ (b) Industry: \_\_\_\_\_

Birthplace, (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

CAUSE OF DEATH: Over dose of Morphine  
Probably (accidental)

Contributory: The circumstances surrounding death

carefully indicated, a probably accidental overdose  
Morphine (Conclusions from my investigation of death)  
Where was disease contracted? \_\_\_\_\_

Did operation precede death? Beecher Co Mo

Was there an autopsy? \_\_\_\_\_ What test confirmed diagnosis? \_\_\_\_\_

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