JAN 3 - 1926

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

Do not use this space.

32811

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St Joseph (No. 2500 So 6th St. Ward)
File No.
Registered No. 1200

2. FULL NAME Wm Brown Jr.
(a) Residence. No. 2500 So 6th 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: negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Brown Jr

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 10-1860

7. AGE: 67 YEARS, 6 MONTHS, 14 DAYS. If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): West Va
(STATE OR COUNTRY): West Va

PARENTS
10. NAME OF FATHER: Wm Brown Sr
11. BIRTHPLACE OF FATHER (CITY OR TOWN): West Va
(STATE OR COUNTRY): West Va
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown

14. INFORMANT: Mary Brown
(Address) 2500 So 6th St

15. FILED: NOV 25 1927 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 24 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 10th, 1927, to Nov. 22, 1927 that I last saw him alive on Nov. 20th, 1927, and that death occurred, on the date stated above, at 12 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute cystitis
1 B.B. (duration) yrs. 1 mos. 12 ds.
CONTRIBUTORY (SECONDARY): asthenia
1 B.B. (duration) yrs. several 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? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Fenton Gardner, M. D
Nov. 24, 1927 (Address) 216 W. Mo Ave

*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: City Cemetery
DATE OF BURIAL: 11-25-1926

20. UNDERTAKER: J F Ramsey Funeral Service
ADDRESS: 9th & Olive

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.

THIS IS A PERMANENT RECORD