FEB 20 1928

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

Do not use this space. 292

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 102
City St. Joseph, (No. 1433 No. 13th. St. — St. Ward)

2. FULL NAME Martin Ellsworth 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 4 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: Georgia A. Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr, 29, 1865

7. AGE: Years 62 — Months 8 — Days 26 — If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Monona, Iowa.

PARENTS
10. NAME OF FATHER: William Brown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio.
12. MAIDEN NAME OF MOTHER: Sarah Riley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Indiana.

14. INFORMANT: Mrs. Georgis Brown
(Address): 1433 No. 13th. St.

15. FILED JAN 25 1928 — John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan, 25, 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1927 to Jan 25, 1928 that I last saw him alive on Jan 25, 1928, and that death occurred, on the date stated above, at 12.30 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
131
93C interstitial
Chronic Nephritis
(duration) — yrs. — mos. 30 ds.

CONTRIBUTORY (SECONDARY): Chronic Myocarditis
(duration) — yrs. 6 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 12 [illegible]
DID AN OPERATION PRECEDE DEATH? NO. DATE OF
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Lester Beck, M. D
Jan 25, 1928 (Address) Lincoln Bldg. 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, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Ashland Cemetery — DATE OF BURIAL: Jan, 27, 1928

20. UNDERTAKER: Walter Meierhoffer — ADDRESS: 1302 Faraon St.

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.