

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

Do not use this space.

**15351**

**15084**

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City.....

(No. **Barnes Hoskield**)

File No. ....

Registered No. **14285**

St. .... Ward)

**2. FULL NAME** Vernon William Brown

(a) Residence. No. 216 N. 9th St., 12 Ward, Emid Okla  
(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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 24, 1900

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
28 | 1 | 26 | 0 hrs. 0 min.

**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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla

10. NAME OF FATHER J. R. Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Jennie Stacy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT (Address) J. R. Brown  
216 N. 9th Emid Okla

15. FILED APR 19 1928 Max C. Staley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 19, 1928

17. I HEREBY CERTIFY, That I attended deceased from 4-16-28, 1928, to 4-19-28, 1928 that I last saw him alive on 4-19-28, 1928, and that death occurred, on the date stated above, at 12:30 P.M.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Tumor of Brain Entothelional  
of a Benign  
840  
870  
980  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cranotomy -  
acute dilated heart  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH,.....

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 4-19-28

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Roland M. Klamm, D

, 19 (Address) 519 University Club Bldg.

\*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

Emid Okla April 21 1928

20. UNDERTAKER ADDRESS

Hilander Gray Washington

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Unit 1 / 10/10/10

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