SEP 24 1928

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

Do not use this space.

26423

1. PLACE OF DEATH
County Boone — Registration District No. 73 — File No. 167
Township — Primary Registration District No. 3006 — Registered No.
City Columbia (No. ... St. ... Ward)

2. FULL NAME John Brown
(a) Residence. No. 108 South 2nd St., ... Ward. ... (If nonresident give city or town and State)
(Usual place of abode)
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: colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dunkwood 1858

7. AGE — YEARS: 70 — MONTHS: — DAYS: — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Labor
(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): Boone Co Mo

PARENTS
10. NAME OF FATHER: John Brown Sr
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Boone Co Mo
12. MAIDEN NAME OF MOTHER: Agnethia Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Boone Co Mo

14. INFORMANT: Susan Brown
(Address) 108 So 2 St Columbia Mo

15. FILED Aug 24, 1928 Beatrice Trout, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-20 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1928, to Aug 20, 1928 that I last saw him alive on Aug 14, 1928 and that death occurred, on the date stated above, at 6:05 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes mellitus
(duration) 4 yrs. 7 mos. ... ds.

CONTRIBUTORY (SECONDARY) None
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) O. A. Moore, M. D
8/23, 1928 (Address) 716 [illegible]

*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: Columbia Cemetery — DATE OF BURIAL: 8-24 1928

20. UNDERTAKER: A. C. Freeman — ADDRESS: Columbia 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.