

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.

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

Do not use this space.

39121

92

1. PLACE OF DEATH  
 County Spartan Registration District No. 821  
 Township Richland Primary Registration District No. 60705  
 City Union (No. ....) St. .... Ward)

2. FULL NAME William Franklin Brown  
 (a) Residence. No. 524 Fletcher 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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 12 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 | 5 | 15 | — | —

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

9. BIRTHPLACE (CITY OR TOWN) Union  
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Grant Brown  
Cardinal Co

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

12. MAIDEN NAME OF MOTHER Grace Wilburn  
West Mead Co

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

14. INFORMANT Grant Brown  
 (Address) Union Mo

15. REGISTRAR W. H. Welch

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 27 1928

17. I HEREBY CERTIFY That I attended deceased from Nov 26 1928 to Nov 27 1928 that I last saw him alive on Nov 25 1928 and that death occurred, on the date stated above, at 1045 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
158 maresmus  
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1600  
 (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) W. H. Welch M. D.  
11/28 1928 (Address) Union 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 Home DATE OF BURIAL 11/29 1928

20. UNDERTAKER W. H. Welch ADDRESS Union Mo

