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

Do not use this space.

9588

1. PLACE OF DEATH
County: Buchanan
Registration District No.: 85
File No.: 9588
Township:
Primary Registration District No.: 1001
Registered No.: 290
City: St Joseph Mo (No. State Hospital for Insane #2 St. ..... Ward)

2. FULL NAME: George Drown
(a) Residence No. State Hospital #2 St., ... Ward. Kansas City, Mo
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 16 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): Johnson about year 1888

7. AGE: 41 YEARS | MONTHS: Unk | DAYS: Unk | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): 159 11 10
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Minnesota

PARENTS
10. NAME OF FATHER: Edgar Drown
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): N. Y. State
12. MAIDEN NAME OF MOTHER: Nellie Baker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Iowa

14. INFORMANT: mother State Hosp #2
(Address): St Joseph, Mo

15. FILED MAR 5 1929, 19..... John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4th March 1929

17. I HEREBY CERTIFY, That I attended deceased from 18th February, 1929, to 4th March, 1929 that I last saw him alive on 4th March, 1929, and that death occurred, on the date stated above, at 8.15 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY): Influenza
(duration) ..... yrs. ..... mos. 14 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) J. R. Bunch, M. D
3/4/, 1929 (Address) State Hospital #2

*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: Kansas City, Mo
DATE OF BURIAL: March 6 1929

20. UNDERTAKER: Heaton - Bigole & Bowman
ADDRESS: 319 S. 10 St
by J. W. Hoole Funeral Home

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.