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

Do not use this space.

30439

1. PLACE OF DEATH
County: Daviess
Township: Athens
City: (No. ..... St. ..... Ward)

Registration District No.: 254
Primary Registration District No.: 4154

File No.:
Registered No.: 20—

2. FULL NAME: William T 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	W	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 19 - 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	74	9	19	

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

9. BIRTHPLACE (CITY OR TOWN): Centerville
(STATE OR COUNTRY): Ia

PARENTS

10. NAME OF FATHER: unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN): —
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): —
(STATE OR COUNTRY)

14. INFORMANT: Jesse W Brown
(Address): Pattonsburg Mo

15. FILED: Sept 8, 1929 John Hunter
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 8 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1929, to Sept 7, 1929, that I last saw him alive on Sept 7, 1929, and that death occurred, on the date stated above, at 4.40 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Primary Cause
Secondary Cause: he was stricken on June 4 with paralysis
Duration of Illness (duration) 1 yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Carbol Hemorrhage
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: Home
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed): J. W. Alexander, M. D.
Sept. 8, 1929 (Address): Pattonsburg 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	DATE OF BURIAL
Heath	9-9-29

20. UNDERTAKER	ADDRESS
E E Graves	Pattonsburg

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.

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