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

Do not use this space.

41193

File No.
Registered No.

1. PLACE OF DEATH

County Johnson Registration District No. 431
Township Centerview Primary Registration District No. 5589
City (No. St. Ward)

2. FULL NAME Jefferson 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	Negro	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't know.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75 or 80			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Common Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer) Farming
(c) Name of employer Tom Shaw-last work.

9. BIRTHPLACE (CITY OR TOWN) Don't know.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Do not know.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Do not know.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Do not know.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Do not know.
(STATE OR COUNTRY)

14. INFORMANT Will Drinkerd.
(Address) Centerview, Mo.

15. FILED 12/13 1929 Wm R Patterson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) About Dec. 13 29

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Natural causes.
Found dead by informant, about 2:00 p.m. Dec. 15, 1929. Had been dead two or three days.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 200A
(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) Edward Andruss Coro ner. M. D.
Dec. 15, 19 29 (Address) Holden, 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 County Home Cem — DATE OF BURIAL Dec 16 1929
20. UNDERTAKER S.R. Sweeney — ADDRESS Warrensburg Missouri

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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