

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

Do not use this space.

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.

27 1930
248

609

PLACE OF DEATH

County leaper

Registration District No. 215

File No. 609

Township

Primary Registration District No. 3015

Registered No. 5

City Boonville (No. St. Ward)

2. FULL NAME Howard Wendell 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 4 - 1930</u>		
7. AGE YEARS	MONTHS	DAYS
		IF LESS than 1 day, hrs. or min.
		<u>19</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Boonville
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Farrest Brown

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

12. MAIDEN NAME OF MOTHER Martins Colvied

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

14. INFORMANT Farrest Brown
(Address) Boonville Mo.

15. FILED Jan 23 1930 J. Kinley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 23 - 1930

17. I HEREBY CERTIFY That I attended deceased from Jan 22, 1930 to Jan 23, 1930 that I last saw him alive on Jan 22, 1930, and that death occurred, on the date stated above at 2 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal Fev.

CONTRIBUTORY (SECONDARY) 11B (duration) yrs. mos. 9 ds.

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 11B

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) G. A. Russell, M. D.
, 19 30 (Address) Boonville-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 Clarks Chapel - DATE OF BURIAL Jan 24 1930

20. UNDERTAKER Goodman & Bolter ADDRESS Boonville Mo.

