

MAF 25 1930

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

Do not use this space.

4075

1. PLACE OF DEATH

County Buchanan  
Township.....  
City St. Joseph, (No. 302 North 20th,

Registration District No. 85  
Primary Registration District No. 1001  
Ward.....

File No.....  
Registered No. 142  
St..... Ward)

2. FULL NAME Stephen Sanford Brown,

(a) Residence. No. 302 North 20th Streets,..... Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb'y. 1st 1930

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

I HEREBY CERTIFY, That I attended deceased from Jan'y 2, 1930, to Feb'y 1st 1930  
that I last saw him alive on Feb'y 1st 1930 and that death occurred, on the date stated above, at 10:30 p. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb'y. 14, 1846

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
83 11 17

chronic Myocarditis  
93c  
(duration) 1 yrs. 11 mos. 1 ds.

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

CONTRIBUTORY (SECONDARY) 93c  
(duration) ..... yrs. .... mos. .... ds.

9. BIRTHPLACE (CITY OR TOWN) Ogdensburg,  
(STATE OR COUNTRY) New York,

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF BIRTH.....

10. NAME OF FATHER Unknown,  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,  
(STATE OR COUNTRY) Unknown,  
12. MAIDEN NAME OF MOTHER Unknown,  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,  
(STATE OR COUNTRY) Unknown,

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

18. WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS? Stethoscope  
(Signed) Chas. H. Hester M. D.

Feb'y 9 1930 (Address) 1441 Felix St. St. Joseph.

\*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.

14. INFORMANT Harry B. Hallen  
(Address) 2223 Parson Street.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Auburn Cemetery DATE OF BURIAL Feb. 3rd, 1930.

15. FILED 1930 19 John G. Utz REGISTRAR

20. UNDERTAKER Heston - Byale Bowman ADDRESS 319 S. 10 St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1401 Felice St.