APR 30 1930

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

Do not use this space.

10168

1. PLACE OF DEATH

County St Louis — Registration District No. 1122

Township CARONDELET — Primary Registration District No. 6248 B

City Jefferson Barracks, Mo. (No. ..... St. ..... Ward)

File No. .....

Registered No. 60

2. FULL NAME LELAND BROWN

(a) Residence. No. Co.C, 6th Infantry, Jefferson Barracks, Mo. (Usual place of abode) St. ..... Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unknown 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	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 25, 1897

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	33	1	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Soldier

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

(c) Name of employer US Army

9. BIRTHPLACE (CITY OR TOWN) Crossville, (STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Official record of service. (Address) Form AGO WD 24.

15. FILED 3/5, 1930 L. C. Obrod REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 4, 1930

17. I HEREBY CERTIFY, That I attended deceased from 7.30 am March 4, 1930, to 8.00 a.m. Mar 4, 1930 that I last saw him alive on Mar. 4, 1930 and that death occurred, on the date stated above, at 7.55 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: (OVER)

Wound, incised severe cutting right common carotid, self inflicted by razor blade, Jefferson Barracks, Mo., March 4, 1930 (ours)

168 (duration) - yrs. - mos. - ds.

CONTRIBUTORY (SECONDARY) Hemorrhage

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Ck John Connell Mo.

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF Corner St Louis Co Mo.

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms

(Signed) F. V. Kilgore, M. D.

F. V. Kilgore, Major, MC

, 19 (Address) Jefferson Barracks, 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 Crossville, Il. — DATE OF BURIAL 3/6 1930

20. UNDERTAKER C. Hoffmeister N.L.Co — ADDRESS 2814 S. Broadway

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.

Cause of Death = Suicide by
Cutting instrument