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

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.

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

Do not use this space.

14256

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 3594

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis (No. 5597a Page ..... St. ..... Ward)

2. FULL NAME James Alexander Brown

(a) Residence No. 5597a Page St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 23 1881

7. AGE: Years 48 Months 7 Days 16 If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va

PARENTS

10. NAME OF FATHER: Geo A Brown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Penna
12. MAIDEN NAME OF MOTHER: Indiana Reams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Va

14. INFORMANT: Mrs Ruth G Brown
(Address) 5597a Page

15. FILED APR 11 1930 Max [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr 9 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 1 1930, to Apr 9 1930 that I last saw him alive on Apr 9 1930 and that death occurred, on the date stated above, at 11 30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Paresis Paralysis of the Insane Luetic

80
83
34 (duration) ..... yrs. ..... mos. 28 ds.

CONTRIBUTORY (SECONDARY): Loco. Motor Ataxia (duration) 3 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No. + Sab

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms

(Signed) John C [illegible] M. D.

, 19 (Address) 2945 [illegible]

*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: Springfield Ill
DATE OF BURIAL: 4/12 1930

20. UNDERTAKER: A Ellis 5140 Delmar
ADDRESS