

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

Do not use this space.

22401

1. PLACE OF DEATH

County De Kalb
Township Clinton
City Mayville (No.)

Registration District No. 259

Primary Registration District No. 4158

File No.
Registered No.
St. Ward)

2. FULL NAME

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 23 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 9 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Metamora, Mo.
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER James H. Brown

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

12. MAIDEN NAME OF MOTHER Mary Ann Holloway

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

14. INFORMANT James H. Brown
(Address) Mayville, Mo.

15. FILED 7/30 19 30 J. J. Phelps
REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-29-30

17. I HEREBY CERTIFY That I attended deceased from August 12 1930 to July 29 1930

that I last saw h. i. m. alive on July 29 1930, and that death occurred, on the date stated above, at 3:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic cardio-nephritis.

95 (duration) 3 yrs. mos. da.

CONTRIBUTORY Prostatitis
(SECONDARY)

(duration) 10 yrs. mos. da.

18. WHERE WAS DISEASE CONTRIBUTED
IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signature) Henry D. Johnson M.D.
7/29 1930 (Address) Mayville, 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 DATE OF BURIAL

Oak Lawn Mayville 7/31 19 30

20. UNDERTAKER ADDRESS

J. H. Davis Mayville, Mo.

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.

THIS IS A PERMANENT RECORD

26 1930

