

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.

OCT 28 1930

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

Do not use this space.

29619

File No. \_\_\_\_\_  
Registered No. **686**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County Greene Registration District No. 318  
Township \_\_\_\_\_ Primary Registration District No. 2001  
City Springfield (No. 613) W. W. Weaver

2. FULL NAME

John Henry Brown  
(a) Residence. No. 845 - Weaver 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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mable Brown (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June-6-1876  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
54 3 3

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

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

10. NAME OF FATHER Benjamin Brown  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bolivar  
(STATE OR COUNTRY) Missouri  
12. MAIDEN NAME OF MOTHER Amy Randolph  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Topeka  
(STATE OR COUNTRY) Kansas

14. INFORMANT Mable Brown  
(Address) 845 - Weaver

15. FILED 9-11-1930 Lon Sharp  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept-9-1930  
17. I HEREBY CERTIFY, That I attended deceased from July 14, 1930, to 7-27, 1930, that I last saw her alive on 7-27, 1930, and that death occurred, on the date stated above, at 10.45 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Tuberculosis of Lung  
23A  
28 (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) Tubercular Abscess of Left Ribs (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH 31

8 DID AN OPERATION PRECEDE DEATH \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) F. - Frustrang, M. D.  
(Address) Springfield, 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 Hazelwood DATE OF BURIAL Sept-11-1930

20. UNDERTAKER H. W. Smith ADDRESS 421 - Pine

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