

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

Do not use this space.

**1. PLACE OF DEATH**

County Boone  
Township \_\_\_\_\_  
City Hallsville (No. \_\_\_\_\_)

Registration District No. 74  
Primary Registration District No. 4042

File No. 878A  
Registered No. 9  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Wm. H. Brown

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 4 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) Mattie Redman Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 13<sup>th</sup> 1857

7. AGE YEARS 73 MONTHS 7 DAYS 16 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Market Gardener  
(b) General nature of industry, business, or establishment in which employed (or employer). 5  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) St. Louis County  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Henderson Brown

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

12. MAIDEN NAME OF MOTHER Marian B. Long

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Missouri

14. INFORMANT Lang L. Brown  
(Address) \_\_\_\_\_

15. FILED 3-30-34 Mrs. F. L. Jewett  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 29 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar. 20, 1931, to Mar. 29, 1931, that I last saw him alive on Mar. 28, 1931, and that death occurred, on the date stated above, at 6 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Hemorrhage  
82 F.  
107 (duration) yrs. mos. 9 da.  
CONTRIBUTORY High Blood Pressure  
(SECONDARY) (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
(Signed) W. B. Lawrence, M. D.

Mar. 30 1931 (Address) Hallsville 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 Hinton Boone Co Mo. DATE OF BURIAL Mar. 30 1931

20. UNDERTAKER W. J. Dauderivito ADDRESS Columbia 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.

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APR 27 1934

