

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.

APR 25 1931

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

Do not use this space.

10909

1. PLACE OF DEATH
 73 County Newton Registration District No. 444
 2 Township Primary Registration District No. 4555
 6 City Granby (No.) St. Ward

2. FULL NAME James Boyd Brown
 (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. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 21, 1923

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

8 0 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Boy -

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granby Mo.

FATHER 13. NAME Wm. Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cherry Co. Mo.

MOTHER 15. MAIDEN NAME Belceva Broadhurst

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granby Mo.

17. INFORMANT (ADDRESS) Mr. Boyd M. Brown Granby Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Granby DATE Mar. 24, 31

19. UNDERTAKER (ADDRESS) J. Antkowiak

20. FILED 3-24-31 M. E. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from Mar 22nd, 1931, to Mar 23, 1931
 I last saw him alive on Mar 22, 1931. Death is said to have occurred on the date stated above, at 12:12 m.
 The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilatation
result of valvular
insufficiency
92A
95B

Date of onset 3-22-31

Other contributory causes of importance: 92A

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify 92A
 (Signed) J. W. Langley, M. D.
 (Address) Granby Mo.

