

MAY 27 1931

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

Do not use this space.

15288

1. PLACE OF DEATH
85 County Oleaski
Township Liberty
City Liberty (No. 712)

Registration District No. 712
Primary Registration District No. 5941

File No. 8
Registered No. 8
St. 8 Ward 8

2. FULL NAME Richard Booth Brown
(a) Residence. No. 8 St. 8 Ward 8
(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) Widowed
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 28, 1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 3 23

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

9. BIRTHPLACE (CITY OR TOWN) Franklin Co. Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Josiah Brown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Persila Alexander
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Richard Brown
(Address) Bellefont. Mo.

15. FILED 4.22.1931 Evelyn A. Oliver
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 21 - 1931
17. I HEREBY CERTIFY, That I attended deceased from April 5 - 1931, to April 21 - 1931, that I last saw him alive on April 18 - 1931, and that death occurred, on the date stated above, at 11:20 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Parenchymatous nephritis -
131

CONTRIBUTORY (SECONDARY) Unknown (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at place of death
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF 4.22.1931
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS Bed side diagnosis
(Signed) Evelyn A. Oliver, M. D.

*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 Murrell Cemetery DATE OF BURIAL 4.22.1931

20. UNDERTAKER R. B. Teeple ADDRESS Richland, Mo.

