

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau

Township Cape Girardeau

City Cape Girardeau

Registration District No. 125

Primary Registration District No. 3009

St. W. Henderson

File No. 17315

Registered No. 681

St. Ward

2. FULL NAME

(a) Residence. No. 7

(Usual place of abode)

St. Bainbridge Mo

Ward. Ward

(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

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

Willis Brown

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

May 15 - 1851

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

80

4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Bainbridge Mo

10. NAME OF FATHER

Wesley Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT

(Address)

C. E. McSpadden
Brownsville Texas

15.

FILED

5/16/1931

W. E. McSpadden
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

May 15 1931

17.

I HEREBY CERTIFY, That I attended deceased from May 1931, to May 15, 1931. that I last saw him alive on May 15, 1931, and that death occurred, on the date stated above, at 4 50 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Labor Pneumonia

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

(Address)

James D. Brown
W. E. McSpadden
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.

21. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

McSpadden Mo

May 17 1931

22. UNDERTAKER

ADDRESS

McSpadden
McSpadden Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUN 24 1931

