

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

Do not use this space.

~~19619~~ *19620-2*  
File No. *19620-*  
Registered No. *5593*

**1. PLACE OF DEATH**

County *Rt. Kansas* Registration District No. *701*  
Township *Rt. Kansas* Primary Registration District No. *1003*  
City *(No. Barnes Hospital St.)* Ward

**2. FULL NAME**

(a) Residence. No. *Jay Brown* *Darmington, Mo.* St. *12* Ward. *Farmington, Mo.*  
(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. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *M.* 4. COLOR OR RACE *Colored.* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mrs. Arnilda Brown*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Feb. 12 - 1907*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*24 3 2*

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). *Hard Man 3:4*  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Carthage*  
(STATE OR COUNTRY) *Missouri*

10. NAME OF FATHER *Lee Brown*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Mo*  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Unknown*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *MO*  
(STATE OR COUNTRY)

14. INFORMANT *Mrs. Arnilda Brown*  
(Address) *Carthage, Mo.*

15. FILED *May 16 1931* REGISTRAR *Max C. Stewart*

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May - 16 1931*

17. *No physician attended*  
I HEREBY CERTIFY, That I attended deceased from

..... 19..... to ..... 19.....  
that I last saw h..... alive on ..... 3-29-31, and that death occurred, on the date stated above, at ..... a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

*Gun shot wound of abdomen*  
*173* (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY); *Homicide*  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH *173*

19. DID AN OPERATION PRECEDE DEATH? *Yes* DATE OF.....  
WAS THERE AN AUTOPSY? *Yes*

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) *John R. Hurley, M.D.*  
*5/15, 1931* (Address) *Deputy Coroner*

\*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 *Carthage Mo.* DATE OF BURIAL *5/16 1931*

20. UNDERTAKER *Reidert and Co* ADDRESS *Farmington Mo*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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1922