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

Do not use this space.

31919

File No. .....

Registered No. 21

1. PLACE OF DEATH

County Monroe

Township Monroe

City Monroe City (No. ..... St. ..... Ward)

Registration District No. 581

Primary Registration District No. 4343

2. FULL NAME John Fletcher 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 all his life 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 Rennie Brown -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26 - 1862

7. AGE: Years 68 Months 11 Days 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) May - 1931

11. Total time (years) spent in this occupation 4 5yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER

13. NAME William L. Brown -

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland.

MOTHER

15. MAIDEN NAME Catherine Huffman -

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

17. INFORMANT Mrs. Rennie Brown
(ADDRESS) Monroe City Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Judes Cemetery DATE Sept. 20 1931

19. UNDERTAKER Wilson + Son
(ADDRESS) Monroe City Mo

20. FILED 10/19 1931 O. W. Wilson Registrar.
By Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1931 to Sept. 18 1931

I last saw him alive on Sept. 18 1931. Death is said to have occurred on the date stated above, at 7:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Alegia	Sept. 10/31
878	
87.V	

Other contributory causes of importance: Paralysis agitans

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? .....

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? No

If so, specify —

(Signed) Geo L. Turner M. D.

(Address) Monroe City 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.

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

OCT 24 1931