

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

Do not use this space.

1551

1. PLACE OF DEATH

County Knot
Township Center
City Edina (No.)

Registration District No. 441
Primary Registration District No. 4259

File No.
Registered No. 134
St. Ward

2. FULL NAME

(a) Residence, No. 504 East St. Margaret (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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Kanner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23-1869
7. AGE YEARS 62 MONTHS - DAYS 21 If LESS than 1 day, ... hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Doctor 213
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 213
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) Marian Co Mo

FATHER 13. NAME Lewis S Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hanvier Co Mo

MOTHER 15. MAIDEN NAME Martha A Nickell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co Mo

17. INFORMANT (ADDRESS) John S. Brown
402 N. Pine Ave Chicago Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Emmillem DATE Jan 15 1932

19. UNDERTAKER (ADDRESS) Kriegshauser Bros
Edina Mo

20. FILED Feb 5 1932 Mrs C. M. Smith Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 1932

22. I HEREBY CERTIFY That I attended deceased from July 1 1931, to Jan 13 1932
I last saw him alive on Jan 13 1932 Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis Date of onset 3 years

Other contributory causes of importance: 97

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 --- ①
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. E. Furman M. D.
(Address) Edina 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.

FEB 24 1932

