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.

APR 25 1932

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

Do not use this space.

7494

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph, (No. 519 North 8th, St. Ward)

File No.
Registered No. 295

2. FULL NAME Robert A. Brown,
(a) Residence, No. 519 North 8th, St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 43 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 Mary Guitar Brown,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30, 1863

7. AGE: Years 68 | Months 3 | Days 25 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law Office,
10. Date deceased last worked at this occupation (month and year) 1932.
11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dyer County, Tennessee

FATHER
13. NAME Levi G. Brown,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, North Carolina,

MOTHER
15. MAIDEN NAME Keturah Templeton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, North Carolina,

17. INFORMANT H. Templeton Brown
(ADDRESS) 1307 Ashland Avenue.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Mora Cem. DATE Mch. 28, 1932

19. UNDERTAKER Benton Belsole Bowman
(ADDRESS) 319 S. 10th. St. Funeral Home

20. FILED MAR 28 1932 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1927, 19..., to 3/25/32, 19...
I last saw him alive on 3/24/32, 19... Death is said to have occurred on the date stated above, at 7 A.M.?
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	3/25/32
92A	
94B	
95A	

Other contributory causes of importance:

Mitral insufficiency	?
Auricular Fibrillation	5/1/31

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) C. A. Wallace Jr., M. D.
(Address) 305 N. 8 St Joseph Mo.