

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

Do not use this space.

9131

1. PLACE OF DEATH

58 County Linn
8 Township Beaton
1 City Jurdin (No.)

Registration District No. 504
Primary Registration District No. 4307

File No.
Registered No. 0-
St. Ward

2. FULL NAME

John 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 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 Rachel Brown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23 1846
7. AGE YEARS 85 MONTHS 7 DAYS 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret Farmer
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) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Linn Co. Missouri (STATE OR COUNTRY)

13. NAME Neariy J. Brown

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

15. MAIDEN NAME Lucie Hannan

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)

17. INFORMANT Ernest Gilmer (ADDRESS) Jurden, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. 2 Milan, Mo. DATE March 10 1932

19. UNDERTAKER Thorne Wurdh Co. (ADDRESS) Linn Co. Missouri

20. FILED 3-10- 1932 U. C. Dryden Registrar.

MEDICAL CERTIFICATE OF DEATH

3 21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1932 Mar 8 1932
I last saw him alive on Mar 8 1932. Death is said to have occurred on the date stated above, at 4:29 m.

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

Memoria
391
337
328 131 (1)
Other contributory causes of importance:
Chronic nephritis
Prostatic Hypertrophy

Name of operation 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?
If so, specify
(Signed) J. P. Manning, M. D.
(Address) Jurden Purdin

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 27 1932

