

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

Do not use this space.

9683

**1. PLACE OF DEATH**

87 County Ralls Registration District No. 726  
 2 Township \_\_\_\_\_ Primary Registration District No. 44-32  
 3 City New London (No. New London) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

James Brown  
 (a) Residence No. New London 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 col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Divorced  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-11-1853  
 7. AGE YEARS 79 MONTHS 2 DAYS 13 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0  
 10. Date deceased last worked at this occupation (month and year) 1915 11. Total time (years) spent in this occupation lifetime

12. BIRTHPLACE (CITY OR TOWN) Va (STATE OR COUNTRY) 2

MOTHER 13. NAME James Brown

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

15. MAIDEN NAME Ameyus Brown

16. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY) 1

17. INFORMANT Frank Steward (ADDRESS) New London Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New London DATE 3-16 1922

19. UNDERTAKER Geo E Roberts (ADDRESS) Hannibal Mo

20. FILED 9-16 1922 Sylvester Kagan Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-14 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 13 1930 to Feb 20 1932  
 I last saw him alive on Feb 20, 1932. Death is said to have occurred on the date stated above, at 1 a m.  
 The principal cause of death and related causes of importance were as follows:

Don't know  
arterial sclerosis  
 47 911  
 Other contributory causes of importance: ①

Name of operation 0 Date of \_\_\_\_\_  
 What test confirmed diagnosis? 0 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 0  
 Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify no  
 (Signed) S. Kagan, M. D.  
 (Address) New London 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.

APR 28 1932

