Dr. Mayer

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

Do not use this space.

12019

File No. 98

Registered No.

Registration District No. 213

Primary Registration District No. 3614

26 3 8

1. PLACE OF DEATH

County Cole

Township

City Jefferson City (No. , St. Ward)

2. FULL NAME Jessie R. Brown

(a) Residence, No. St., Ward. McKinney, Texas.
(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.

MAY 23 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE: About 21 | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) (STATE OR COUNTRY) Unknown 31

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Letters in pocket.

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Cem. J.C. Mo DATE Apr. 28, 1932

19. UNDERTAKER Heinrichs Funeral Home. J.C. Mo.
(ADDRESS)

20. FILED 4/30/1932 V. Bidford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from from Apr. 26, 1932 to Apr. 26-1, 1932

I last saw him alive on April 26, 1932 Death is said to have occurred on the date stated above, at 5:30 Am.

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

Unknown
Was unconscious when called.
2003

Other contributory causes of importance:
Don't know.
2003

(1) 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? 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 None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? Don't know

If so, specify

(Signed) H. F. Waller, M. D.

(Address) Jefferson City Mo.