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

Do not use this space.

15627

File No. ~~[illegible]~~

Registered No. 45

1. PLACE OF DEATH

24 County Clay

Township Liberty

City ..... (No. ....., ... St. ..... Ward)

Registration District No. 201

Primary Registration District No. 5280

2. FULL NAME Tom H. Brown

(a) Residence, No. Liberty, Mo. St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 38 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: Inez Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 21-1893

7. AGE: YEARS 38 | MONTHS 6 | DAYS 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 5 days

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Liberty Mo 1

FATHER

13. NAME: A. M. Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky 2

MOTHER

15. MAIDEN NAME: Emma White

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

17. INFORMANT (ADDRESS): Inez Brown Liberty, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Little Shoal

PLACE Mt Liberty Mo DATE 4/10/ 1932

19. UNDERTAKER (ADDRESS): Church-Lucker Co Liberty, Mo.

20. FILED JUN 10 1932, 19 Wm H Goodson Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1932, to April 13, 1932

I last saw ~~him~~ alive on April 13, 1932. Death is said to have occurred on the date stated above, at 4 P m.

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

Lobar Pneumonia — Date of onset 4/10/32

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Other contributory causes of importance:

(1)

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) W. L. Wysong, M. D.

(Address) Liberty, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

JUN 27 1932

V.S. No. 2.