

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.

MAY 24 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Pulaski
 Township Liberty
 City Richland (No. _____)

Registration District No. 712
 Primary Registration District No. 5941

File No. 17119
 Registered No. 15 St. _____ Ward _____

2. FULL NAME

John Riley Brownfield
 (a) Residence No. Brownfield St. Mo Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. J. Brownfield
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22-1865
 7. AGE YEARS 66 MONTHS 6 DAYS 21 IF LESS than 1 day, _____ hrs. or _____ min.

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. merchant
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Brownfield Mo. (STATE OR COUNTRY)

13. NAME John William Brownfield
 14. BIRTHPLACE (CITY OR TOWN) Pulaski Co. (STATE OR COUNTRY) Mo

15. MAIDEN NAME Sarah Jane Beach
 16. BIRTHPLACE (CITY OR TOWN) Carthage Co. (STATE OR COUNTRY) Mo

17. INFORMANT Agnes Henderson (ADDRESS) Richland Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Oak Lawn DATE 5/15 32

19. UNDERTAKER A. B. 2 (ADDRESS) Richland Mo

20. FILED May 13 1932 Evel A. Oliver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-13, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1932 to May 13, 1932
 I last saw him alive on May 13, 1932 Death is said

to have occurred on the date stated above, at 2:15 P. M.

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

Cerebral apoplexy
82A 8210
 Date of onset _____

Other contributory causes of importance:

unknown D

Name of operation none Date of _____What test confirmed diagnosis? Rad Side 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 _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Evel A. Oliver M. D.(Address) Richland Mo.

