

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.

OCT 26 1932

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

Do not use this space.

29635

1. PLACE OF DEATH

County Mo. x  
Township Canaan  
City Edina (No. \_\_\_\_\_)

Registration District No. 441  
Primary Registration District No. 4259

File No. \_\_\_\_\_  
Registered No. 157  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Benjamin Bertrand 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-7-1863  
7. AGE YEARS 68 MONTHS 10 DAYS 21 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 161  
10. Date deceased last worked at this occupation (month and year) July 16, 1932 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Birmingham (STATE OR COUNTRY) Louisiana

13. NAME Ed J. Brown  
14. BIRTHPLACE (CITY OR TOWN) York (STATE OR COUNTRY) Conn.

15. MAIDEN NAME Mary A. S. Coche  
16. BIRTHPLACE (CITY OR TOWN) Ky. (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Madison Brown (ADDRESS) Edina Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Linville cemetery DATE Oct-2- 1932

19. UNDERTAKER Mrs. J. W. Hudson (ADDRESS) Edina Mo.

20. FILED Oct 1, 1932 Mrs. C. M. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28, 1932  
22. I HEREBY CERTIFY, That I attended deceased from July 16, 1932 to Sept 28, 1932  
I last saw him alive on Sept 28, 1932 Death is said to have occurred on the date stated above, at 11:15 PM.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset Mar-32

Other contributory causes of importance: 930 930

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Phys Exam Was there an autopsy? Yes

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. H. Landfather, M.D.  
(Address) Edina Mo.

