

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.

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

Do not use this space.

32453
32453

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City K.C. Mo. (No. 1860 Agnes) St. 2002 Ward 11

2. FULL NAME Austin G. Brown
 (a) Residence, No. 1860 Agnes St. Ward 11
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Winnie Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 6 - 1851

7. AGE YEARS 81 MONTHS 2 DAYS 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Ky.

13. NAME Sheldon Brown

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

15. MAIDEN NAME Francis Bennett

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

17. INFORMANT Ova Flowers
(ADDRESS) 1860 Agnes Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Milan Mo. DATE 10/25/32

19. UNDERTAKER Quirk & Johnson
(ADDRESS)

20. FILED 10-24-32 M. M. Crowe
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21 - 1932 to Oct 22, 1932
 I last saw him alive on 10-22-32. Death is said to have occurred on the date stated above, at 11:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Broncho-Pneumonia
930
157 A
 Other contributory causes of importance:
Myocarditis Chronic
 Date of onset 10-19-32

Name of operation None Date of

What test confirmed diagnosis? Clinical 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?
 If so, specify
 (Signed) M. R. Fester, M. D.
 (Address) 1529 Lister

