

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

Do not use this space.

**1. PLACE OF DEATH**

50 County Jefferson Registration District No. 421  
Township Joachim Primary Registration District No. 3575  
City Crystal City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 40307  
Registered No. 94

**2. FULL NAME** William Waren 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 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) Aug. 18, 1927  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
5 4 8

OCCUPATION 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) Crystal City Mo.

FATHER 13. NAME Archie Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plattin Mo

MOTHER 15. MAIDEN NAME F. E. Sewald

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Festus Mo

17. INFORMANT Archie Brown  
(ADDRESS) Crystal City Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Festus Mo. DATE 12-26-32 19

19. UNDERTAKER Duester and Vinyard  
(ADDRESS) Festus Mo

20. FILED 12/28 1932 J. E. Rutledge  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1932, to Dec. 26, 1932  
I last saw him alive on Dec 26, 1932 Death is said to have occurred on the date stated above, at 4:30 a.m.

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

Other contributory causes of importance: (1)

Name of operation \_\_\_\_\_ 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) J. E. Rutledge, M. D.  
(Address) Crystal City Mo

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.

JAN 24 1933

WHITE-TELETYPE WITH OBTAINING INFO... THIS IS A PERMANENT RECORD

