

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.

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township TwoPrimary Registration District No. 1008City N.C. Mo(No. Mercy Hospital)File No. 1710Registered No. 440

St. _____ Ward _____

2. FULL NAME Richard Brown(a) Residence, No. 415 W 14th St., _____ Ward. _____

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

3. SEX m 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) Feb 16, 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

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) N.C. Mo13. NAME Chas. Brown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Roma Garrett16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma17. INFORMANT Chas. Brown (ADDRESS) 415 West 14th St.18. BURIAL, CREMATION, OR REMOVAL PLACE W.M. Wash. DATE Jan, 28 = 3319. UNDERTAKER Mrs. C. L. Foster (ADDRESS) 918 Brooklyn Ave.20. FILED Jan 27, 1933 M. M. Cozine Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 27 - 193322. I HEREBY CERTIFY That I attended deceased from 1 - 18 - 1933, to 1 - 26, 1933.I last saw him alive on 1 - 26, 1933. Death is said to have occurred on the date stated above, at 6:15 a.m.

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

Meningitis (non bacterial) Date of onset _____Prophylaxis received _____with penicillin107030Other contributory causes of importance: acute appendicitisName of operation appendectomy Date of _____What test confirmed diagnosis? _____ 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) C. J. Aldridge, M. D.(Address) Mercy Hospital

