

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

Do not use this space.

16055

1. PLACE OF DEATH

25 County Platte Registration District No. 208
Township Hardin Primary Registration District No. 5288
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 6

2. FULL NAME

John H. 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*) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ms. Lucy Brown.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-22-1854
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 4 11
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Platte Mo.
13. NAME Colden C. Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Mo
15. MAIDEN NAME Marcella Knight
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
17. INFORMANT (ADDRESS) Ms. Lucy Brown
18. BURIAL, CREMATION, OR REMOVAL PLACE Stone Church DATE 5-5-1933
19. UNDERTAKER (ADDRESS) Edgerton Mo
20. FILED 5-29-1933 Edna Boyers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-3-1933
22. I HEREBY CERTIFY, That I attended deceased from May-8-1932 to _____, 19____.
I last saw him alive on Jan 31, 1933 Death is said to have occurred on the date stated above, at 3 A m.
The principal cause of death and related causes of importance were as follows:
Endocarditis 1932
Chronic Nephritis 1932
Other contributory causes of importance:
Name of operation none Date of _____
What test confirmed diagnosis? Microscopic 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) P. M. Steckman, M. D.
(Address) Plattsburg Mo

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.

JUN 26 1933

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