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.

SEP 26 1933

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

Do not use this space.

27332

1. PLACE OF DEATH

83 County Platte — Registration District No. 692 — File No.

Township Green, — Primary Registration District No. 5919B — Registered No.

City (No. 2 1/2 Miles So. Wallace, Mo. St. Ward)

2. FULL NAME Gideon Leper Brown,

(a) Residence, No. 2 1/2 M.So.Wallace, Mo. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 60 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 Laura Brown,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26, 1841

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
92	0	6	

OCCUPATION

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. Farm
10. Date deceased last worked at this occupation (month and year) August 1933
11. Total time (years) spent in this occupation 75

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte County, Missouri,

FATHER

13. NAME Thomas Brown,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Tennessee,

MOTHER

15. MAIDEN NAME Unknown,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

17. INFORMANT (ADDRESS) Mrs. F. L. Brown R.F.D.# 2, Dearborn, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Judah Cemetery DATE Aug. 4th. 1933

19. UNDERTAKER (ADDRESS) Heaton-BeGole & Bowman St. Joseph, Mo. Funeral Dom.

20. FILED Aug 4, 1933 M. H. Moore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1933, to Aug 2, 1933
I last saw him alive on Aug 2, 1933 Death is said to have occurred on the date stated above, at 4:05 p.m.
The principal cause of death and related causes of importance were as follows:

Senility or Myocarditis — Date of onset 10 yrs Aug 1933
930
93c
102

Other contributory causes of importance: Myocarditis

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury None, 19—
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. R. Peter, M. D.
(Address) Wallace Mo