

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

Do not use this space.

28756

1. PLACE OF DEATH

County Boone Registration District No. 73
 Township _____ Primary Registration District No. 3006
 City Columbia mo. (No. University Hospital) St. _____ Ward _____

File No. _____
 Registered No. 194
 St. _____ Ward _____

2. FULL NAME Hugh Ernest 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) June 30 - 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 : 2 : 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. County Highway Engineer
 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) Missouri

13. NAME Leonidas Bobb Brown

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

15. MAIDEN NAME Nannie Crockett

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

17. INFORMANT B. Brown & Son
 (ADDRESS) Columbia, mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 9-19-1933

19. UNDERTAKER Parker Fun Co
 (ADDRESS) Columbia mo.

20. FILED 9/19/1933 Allie Selby
 Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18 1933

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1932, to Sept 18, 1933
 I last saw him alive on Sept 17, 1933. Death is said to have occurred on the date stated above, at 2:35 A.

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

uraemia Date of onset Sept 17
137
95B
135A
 Other contributory causes of importance:
Cardio-hepatic ?
Hypertrophy Prostate 3 yrs

Name of operation supra Pubic Cystostomy of 9/7/33
 What test confirmed diagnosis? exam 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? no
 If so, specify _____
 (Signed) Nathan S. Conley, M. D.
 (Address) 222 N. 8. Whipple Ave.

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.

OCT 20 1933

