

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

Do not use this space.

31178
7873

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **003**

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.

Length of residence in city or town where death occurred 7 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arena Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 24 - 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
47 6 17

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Triscoll

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) Wyanjet City

13. NAME John Brown

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

15. MAIDEN NAME Sarah Gukhwa

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

17. INFORMANT Ray J. H. Henth (ADDRESS) City Harp

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE Sept. 14 1933

19. UNDERTAKER A. W. McLaughlin (ADDRESS) 1631 Broadway Avenue

20. FILED 11 1933 J. H. Redeck Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-26 1933, to 9-11 1933.

I last saw him alive on 9-11 1933. Death is said to have occurred on the date stated above, at 5:12 m.

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

Pulmonary Tuberculosis
23A

Name of operation..... Date of.....
What test confirmed diagnosis? clin 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) [Signature], M. D.
(Address) City Harp

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

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SECRET