

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

Do not use this space.

37603

1. PLACE OF DEATH

County RAY Registration District No. 744
 Township RICHMOND Primary Registration District No. 3035
 City RICHMOND (No.) St. Ward)

2. FULL NAME WILLIAM JESSE 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 Myrtle Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>55</u>	<u>0</u>	<u>26</u>		

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8

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

12. BIRTHPLACE (CITY OR TOWN) Ray Mo
 (STATE OR COUNTRY) Mo.

13. NAME John T. Brown

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

15. MAIDEN NAME Amanda Malott

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

17. INFORMANT Ms Myrtle Brown
 (ADDRESS) Richmond Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Richmond Mo DATE 11/20/33

19. UNDERTAKER C. M. Gornier
 (ADDRESS) Richmond Mo

20. FILED 12-7 1933 E E Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/22/33, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-18-33, 1933, to 11-22-33, 1933

I last saw him alive on 4-22-33, 1933. Death is said to have occurred on the date stated above, at 1:15 P.M.

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

Cerebral hemorrhage Date of onset <

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis? PE 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....., 1933

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) W. J. [Signature], M. D.
 (Address) Richmond Mo.

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.

JAN 4 1934

