

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

Do not use this space.
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1. PLACE OF DEATH
County Buchanan Registration District No. 83
Township _____ Primary Registration District No. _____
City St Joseph (No. _____) State Mo Ward _____
Registered No. 1242 File No. _____
2. FULL NAME Clyde Brown
(a) Residence No. _____ St. _____ Ward 31st York Kansas City, Mo
(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) Divorced
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24 1889
7. AGE YEARS 46 MONTHS 5 DAYS 30 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Army
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) Aldrich Mo

13. NAME Frank Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Martha Blair
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Records Hale Hosp # 4 St Joseph

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield Mo DATE Dec 16 1933

19. UNDERTAKER (ADDRESS) Clark Undertaking Co 2211 1/2 1st St Mo

20. FILED 12-14 1933 John R. Bendis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/14 1933
22. HEREBY CERTIFY, That I attended deceased from 11/16 1931 to 12/14 1933
I last saw him alive on 12/14 1933 Death is said to have occurred on the date stated above, at 405 P.M.
The principal cause of death and related causes of importance were as follows:

General Paralysis of Insanity
83 Prior 11/14/31
Other contributory causes of importance:
83

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Y

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? Y
If so, specify _____
(Signed) W. Clifton Smith M. D.
(Address) State Hospital #2 St Joseph 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.

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