59459

ORIGINAL *Missouri*

STANDARD CERTIFICATE OF DEATH

State Department of Health
Division of Vital Statistics
STATE OF ~~IOWA~~

20
JAN 26 1934

1. PLACE OF DEATH
County *Cedar* State: ~~IOWA~~ Registered No. *163*
Township *Linn* or Village *5231* or
City No. St., Ward
(If death occurred in a hospital or institution give its name instead of street and number)
Length of residence in city or town where death occurred *8* yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME *Thomas Wells Brown*
(a) Residence. No. St., Ward
(Usual place of abode) (If non-resident give city or town and State)

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 *Anna Sapp Brown*
6. DATE OF BIRTH (month, day, and year) *Nov 20-1894*
7. AGE Years *39* Months *1* Days *2* If less than 1 day, hrs. or min.

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.
10. Date deceased last worked at this occupation (month and year) *Dec 22-1933*
11. Total time (years) spent in this occupation *21 yrs*
12. BIRTHPLACE (city or town) (State or country) *Mo*

FATHER
13. NAME *Jobe Brown*
14. BIRTHPLACE (city or town) (State or country) *Not Known*

MOTHER
15. MAIDEN NAME *Addie McCarty*
16. BIRTHPLACE (city or town) *Not Known*

17. INFORMANT *Mrs Anna Brown*
(Address) *Mechanicsville Iowa*
18. BURIAL, CREMATION, OR REMOVAL *Ashland Mo* Date *Dec 25*, 19*33*
19. LICENSED EMBALMER *J R Gruner* No. *2182*
(Address) *Mechanicsville Iowa*
20. FILED *Dec 28*, 19*33* *A. L. Nichols* *Ashland Mo.* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) *Dec 22*, 19*33*
22. I HEREBY CERTIFY, That I attended deceased from *Saw him after death on Dec 22 1933*, 19 to , 19
I last saw h alive on *Did not see him before death*, 19 , death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance in order of onset were as follows: Date of onset
Over dose of Sedatives Self Chloral Potassium Bromide Sedatives he had purchased Strychnine

Contributory causes of importance not related to principal cause: *None*
163

Name of operation *None* Date of
What test confirmed diagnosis? *History* Was there an autopsy? *No*
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? *Suicide* 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) *R. H. Kisor* M. D.
(Address) *Mechanicsville Ia*

(OVER)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.

V. S. No. 155—Original

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIANS.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY LICENSED EMBALMERS.

Has decedent ever served in military or naval service of the U. S.? No If so give name of War.....

I, J. A. Brunder Licensed Embalmer No. 2182 hereby certify that the body recorded on the reverse side of this certificate was embalmed by J. A. Brunder L. E. No. 2182 or by..... Registered apprentice No..... working under my personal supervision.

Signed J. A. Brunder

Licensed Embalmer No. 2182

NOTE: The above statement MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license).