MAR 24 1934

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

Do not use this space.

6267

1. PLACE OF DEATH
County St Francois — Registration District No. 779 — File No.
Township Randolph — Primary Registration District No. 6024A — Registered No.
City Desloge Mo (No. , St. Ward)

2. FULL NAME James D. 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: Mary Brown.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 5, 1873
7. AGE: YEARS 60 — MONTHS 10 — DAYS 9 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: C. W. A. Employee
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): Illinois

FATHER
13. NAME: William Brown.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Herrit Mannon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know.

17. INFORMANT (ADDRESS): Mrs J. S. Brown
18. BURIAL, CREMATION, OR REMOVAL
PLACE St Francois DATE Feb. 17, 1934
19. UNDERTAKER (ADDRESS): C. Z. Boyer, Desloge Mo.
20. FILED 2-17, 1934 W. P. Duckworth, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1934 to Feb. 14, 1934
I last saw him alive on Feb. 14 —, 1934. Death is said to have occurred on the date stated above, at 11:15 p.m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Feb — Date of onset 12-34.

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Other contributory causes of importance:
Arteriosclerosis.

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

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?
If so, specify
(Signed) R. B. Lester, M. D.
(Address) Desloge 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.

WHITE-LAINEY, WHITE-UNFADING INK—THIS IS A PERMANENT RECORD