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.

JUN 25 1934

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

Do not use this space.

1. PLACE OF DEATH
County: Polk
Township: Looney
City: ..... (No. ..... St. ..... Ward)

Registration District No. 707
Primary Registration District No. 5-936

File No. 17741
Registered No. 4

2. FULL NAME Jackie Ray 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): Child Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 15-1934

7. AGE: YEARS 0 MONTHS 0 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Buford L Brown~~ Polk Co Mo

FATHER
13. NAME: Buford L Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Webster Co Mo

MOTHER
15. MAIDEN NAME: Sophia May Garner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Webster Co Mo

17. INFORMANT (ADDRESS): B. L. Brown Brighton Rt. 1.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Good Springs Cem. DATE: May 21 1934

19. UNDERTAKER (ADDRESS): White & Erwin Pleasant Hope

20. FILED May 20 1934 Mrs Hattie M. Taylor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1934 to May 20, 1934
I last saw him alive on May 19, 1934. Death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Broncho Pneumonia	
107A	
109A	

Other contributory causes of importance: none 107A

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) W. E. Albright, M. D.
(Address) Pleasant Hope