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.

AUG 10 1934

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

Do not use this space.

1. PLACE OF DEATH
County Randolph — Registration District No. 735 — File No. 26059
Township — Primary Registration District No. 3034 — Registered No. 138
City Moberly (No. Wabash Hospital St. Ward)

2. FULL NAME John Brown
(a) Residence, No. Moberly, Mo 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 Ida Brown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8th 1846
7. AGE YEARS 87 MONTHS 11 DAYS 17 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) England

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Mrs Ida Brown Moberly Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo DATE July 27th 1934
19. UNDERTAKER (ADDRESS) Mahan & Son Moberly Mo.
20. FILED 7/27 1934 Virginia Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25th, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1934, to July 25, 1934
I last saw him alive on July 25, 1934. Death is said to have occurred on the date stated above, at 10:00 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis with decompensation — Date of onset
92C
93D
191 — 191 — 3 Ms

Other contributory causes of importance:
Heat exhaustion

Name of operation none Date of
What test confirmed diagnosis? C & Lab 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, 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) Max E. Kaiser, M. D.
(Address) Moberly, Missouri