SEP 12 1934

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

Do not use this space.

1. PLACE OF DEATH

County: Buchanan — Registration District No.: — File No.: 28420

Township: — Primary Registration District No.: — Registered No.: 1005

City: St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Melvin Brown

(a) Residence, No. 5204 Leake Ave. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 4, 1901

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	33	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chauffer, 210

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Artesian Ice Co. 103

10. Date deceased last worked at this occupation (month and year): Aug. 1934

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Holt Co., Mo.

FATHER

13. NAME: Benjamin F. Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson Co., Ind.

MOTHER

15. MAIDEN NAME: Orpha Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Holt Co., Mo.

17. INFORMANT (ADDRESS): B. F. Brown, Purdy, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hannon, Missouri DATE: Aug. 31, 1934

19. UNDERTAKER (ADDRESS): Walter Meinhoffer, 1302 Faraon St., St. Joseph, Mo.

20. FILED 8-30-1934 John R. Benders, Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 29, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from August 28, 1934, to August 29, 1934

I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at 9.20 P.M.

The principal cause of death and related causes of importance were as follows:

Severe Injury (1) Almost complete traumatic amputation right upper extremity thru axilla with fracture of clavicle. (2) Fracture ribs - right (3) Fracture both bones forearm - right

Date of onset

Other contributory causes of importance: Shock and Hemorrhage

Name of operation: Suture of muscles of shoulder girdle Date of 8-28-34

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 8-28, 1934

Where did injury occur? St. Joseph, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place - automobile accident

Manner of injury: not driving but passenger in his own car, which collided with another car

Nature of injury: Right upper extremity all but severed from body

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) S. E. Lenox, M. D.

(Address) Rock Island Bldg., St. Joseph, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

11 5 3 104 1 2 1