

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.

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

Do not use this space.

32499

1 OCT 15 1934

1. PLACE OF DEATH *Greene*
 County *Greene* Registration District No. *318*
 Township *Springfield* Primary Registration District No. *2001*
 City *Springfield* (No. *2122*) *Greene* St. _____ Ward _____

2. FULL NAME *Jim W. Brown*
 (a) Residence, No. *2122 Greaves* St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, 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) *Widower*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 10 - 1866*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<i>68</i>	<i>10</i>	<i>22</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired Blacksmith 957*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *In Shop*

10. Date deceased last worked at this occupation (month and year) *20 yrs ago* 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky*

MOTHER FATHER

13. NAME *Brown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT (ADDRESS) *Rev. J. V. Brown Springfield, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Halloway Mo.* DATE *Sep 3 1934*

19. UNDERTAKER (ADDRESS) *J. Klingner & Co Springfield, Mo.*

20. FILED *9-3* 19 *34* *Springfield*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept - 2 - 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 29 - 1934 to Aug 31 - 1934*
 I last saw him alive on *Aug 31 - 1934* Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Coroio-Renal Disease chronic
97 9562
 Other contributory causes of importance:
Arterio Sclerosis

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) *Henry Beach*, M. D.
 (Address) *4507 E. Coulter*

