

NOV 9 1934

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

Do not use this space.

36931

346 350

1. PLACE OF DEATH

County Pettis Registration District No. 668Township Sedalia Primary Registration District No. 3032City Sedalia (No. Bothwell Hospital) St. Ward File No. Registered No. 6682. FULL NAME William Monroe Brown(a) Residence, No. 400 East Hawley St., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 1 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) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Brown6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28, 19057. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 29 6 168. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer9. 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) Oct 1934 11. Total time (years) spent in this occupation 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clifton City Mo13. NAME Walter E. Brown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton County Mo15. MAIDEN NAME Lavinia Jellis16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper County Mo17. INFORMANT Walter E. Brown (ADDRESS) 316 East Howard

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crown Hill DATE Oct 16 3419. UNDERTAKER McLaughlin Bros (ADDRESS) Sedalia20. FILED 10-10 1934 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13 193422. I HEREBY CERTIFY, That I attended deceased from Oct 8 1934 to Oct 13 1934I last saw him alive on Oct 12 1934. Death is said to have occurred on the date stated above, at 4 a.m.

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

Retention Supratone Date of onset 221944

Other contributory causes of importance:

Blisters on HeadName of operation Date of What test confirmed diagnosis? Was there an autopsy? no23. 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) J. Sweeney, M. D.(Address) Sedalia Mo

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.

