

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.

APR 2 1935

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Central
City St. Louis (No.)

Registration District No. 842
Primary Registration District No. 6104

File No. 45545-a
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. James H. Brown St. Ward.
(Usual place of abode) Danville

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 <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Effie Brown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 1 1890</u>		
7. AGE <u>44</u>	YEARS <u>2</u>	MONTHS <u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labourer</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>82</u>
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) <u>Madison Mo</u>
13. NAME <u>James H. Brown</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Patoka Mo</u>
15. MAIDEN NAME <u>Nancy J. Belt</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dallas Mo</u>
17. INFORMANT (ADDRESS) <u>Nancy J. Brown</u> <u>Exeter Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Masonic Cem</u> DATE <u>1-2-16</u>
19. UNDERTAKER (ADDRESS) <u>W. H. H. Co</u> <u>Exeter Mo</u>
20. FILED <u>Feb 2 1935</u> <u>Mrs Ethel Duggitt</u> <u>Registrar.</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-15 1934

22. I HEREBY CERTIFY That I attended deceased from Investigated the death at Coroner, 1934
I last saw h alive on, 1934 Death is said to have occurred on the date stated above, at 8:4 m.
The principal cause of death and related causes of importance were as follows:
Proplexy
82 a 1
Date of onset 12-15-34

Other contributory causes of importance:
Heavy exertion Cranking Car.

Name of operation no Date of

What test confirmed diagnosis? Chisel Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?, 1934
Where did injury occur?, 1934
(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 H. L. T. Co, M. D.
(Signed) Crane M.D.
(Address) no

