

APR 2 1935

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

Do not use this space.

8190

1. PLACE OF DEATH

County Buchanan Registration District No. 1001
Township _____ Primary Registration District No. _____
City St. Joseph, Mo. (No. 712 So. 10th) St. _____ Ward _____

2. FULL NAME Max Brown

(a) Residence, No. 712 So. 10th 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 Rosa Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown April 186

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 - - -

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

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) Unknown Poland

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Rosa Brown
(ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shaare Sholem DATE Feb. 28, 1935

19. UNDERTAKER Fleeman Mortuary
(ADDRESS)

20. FILED 3-28 19 31 - John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar. 27 1935 to Mar. 28 1935

I last saw him alive on Mar. 27 1935 Death is said

to have occurred on the date stated above, at 2:30 A. M.

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

Chronic Myocarditis Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) W. H. Hester, M. D.

(Address) 6201 Francis

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.

