

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.

Dr. Joe Green

APR 22 1935

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

Do not use this space.

1. PLACE OF DEATH

County *Jackson*
Township *Praine*
City (No.) (No.) St. Ward)

Registration District No. *400*
Primary Registration District No. *5553B*

File No. *9478*
Registered No. *70*

2. FULL NAME

Andrew Brown
(a) Residence, No. *Jackson County Home* 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>single</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>single</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>10-8-1860</i>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>74</i>	<i>5</i>	<i>15</i>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>shoemaker</i>			
	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.....	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 23*, 19*35*

22. I HEREBY CERTIFY, That I attended deceased from *3-1*, 19*35*, to *3-23*, 19*35*

I last saw him alive on *3-22*, 19*35*. Death is said to have occurred on the date stated above, at *7:45 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 *clinical* 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) *J. W. Green*, M. D.

(Address) *Independence Mo*

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

FATHER

13. NAME *Robert Brown*

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

MOTHER

15. MAIDEN NAME *Mary Anne Baker*

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

17. INFORMANT *Ernest Jackson*
(ADDRESS) *70 S. Hickory*

18. BURIAL, CREMATION, OR REMOVAL
Mound Grove DATE *3-24* 19*35*

19. UNDERTAKER *C. D. Carver*
(ADDRESS) *701 W. 1st*

20. FILED *Mar 23 1935 Williams J. Fields*
Registrar.

