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

APR 2 1935

Do not use this space.

11786

1. PLACE OF DEATH
County Adair — Registration District No. 4
Township — Primary Registration District No. 3001
City Kirksville MO (No. ..... St. ..... Ward) — File No. ..... Registered No. 65

2. FULL NAME Vance Brown

(a) Residence. No. ..... 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. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	White	Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Sarah Jane Wengler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 30 1857

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
77	11	—	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Coal Miner & Shoe Cobbler
(b) General nature of industry, business, or establishment in which employed (or employer) (Retired)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER S. W. Brown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Knox Co.
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Mrs. E. Bishart
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Knox Co. Mo.
(STATE OR COUNTRY)

14. INFORMANT Maurine N. Berry
(Address) Kirksville Mo.

15. FILED Apr. 4 1935 Spencer Freeman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 3 1935

17. I HEREBY CERTIFY, That I attended deceased from March 16, 1935, to April 3 1935, that I last saw him alive on April 3, 1935, and that death occurred, on the date stated above, at 4:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypostatic Pneumonia
Following a Cerebral (Endocarditis) chronic
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED 92 W. Jefferson
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) F. P. Hannegan, M. D
, 19 (Address) Kirksville, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Unionan Cemetery	Apr. 5 1935
20. UNDERTAKER	ADDRESS
Llewellyn Bros	Novinger Mo

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.

WHITE PAPER, WITH SHARING INK—THIS IS A PERMANENT RECORD