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.

NOV 18 1935

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

Do not use this space.

31897

1. PLACE OF DEATH
County Buchanan Co
Township
City St Joseph Mo (No. State Hospital for Insane #2 St. Ward)
Registration District No. 85
Primary Registration District No. 1001
File No.
Registered No. 1040

2. FULL NAME John Brown
(a) Residence, No. St., Ward. Trenton, Mo
(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE Years About 42 Unknown | MONTHS Unk | DAYS Unk | If LESS than 1 day, ....hrs. or ....min.

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

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown unknown

17. INFORMANT (ADDRESS) Jas Kearney Hosp No 2. St Joseph Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE State Hosp for I #2 DATE Oct 14 1935
19. UNDERTAKER (ADDRESS) Heaton - McGale & Bowman 319 So. 10th St. Funeral Home
20. FILED 10-10 1935 John R. Bender Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9-1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 6-, 1935 to Oct 9-, 1935
I last saw him alive on Oct 9-, 1935. Death is said to have occurred on the date stated above, at 1.05 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Oct 6 1935 |

Other contributory causes of importance: None

Name of operation None 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? None
If so, specify
(Signed) Jas Kearney, M. D.
(Address) St Joseph Mo. Hosp No 2.

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