

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

Do not use this space.

1. PLACE OF DEATH FEB 17 1936
 County BUCHANAN Registration District No. 85
 Township WASHINGTON Primary Registration District No. 10
 City ST. JOSEPH, Mo. (No. ST. JOSEPH'S HOSPTL.) St. _____ Ward _____
 File No. 287
 Registered No. 86

2. FULL NAME ROY W. BROWN
 (a) Residence, No. 910 N. 5 TH. 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 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 DORA BROWN
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 20 th 1889
7. AGE YEARS 46 MONTHS 7 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

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

MOTHER / FATHER
13. NAME THEO. W. BROWN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDIANAPOLIS IND.

15. MAIDEN NAME EVA MCGUIRE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LITCHFIELD ILL.

17. INFORMANT DORA BROWN
 (ADDRESS) 910 N 5

18. BURIAL, CREMATION, OR REMOVAL
 PLACE L.O.O.F. Cem. DATE Jan. 25 th 1936

19. UNDERTAKER FLEEMAN & SON INC.
 (ADDRESS) St. Joseph Mo

20. FILED 1-25-1936 John R. Bender
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1936 to Jan 23, 1936
 I last saw him alive on Jan 21, 1936 Death is said to have occurred on the date stated above, at 2:04 a.m.
 The principal cause of death and related causes of importance were as follows:

Tobac Pneumonia (Lower left lobe)
 Date of onset 1-13-36
 Other contributory causes of importance: None

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physician's Lab. 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) E. M. Shores, M. D.
 (Address) 317 Kirkpatrick Bldg St. Joseph Mo

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.

