

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.

1936 FEB 20 1936

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

Do not use this space.

2098

1. PLACE OF DEATH

County Macon Registration District No. 533
Township Round Grove Primary Registration District No. 5721
City J. M. Brown (No. _____) St. _____ Ward _____

File No. _____
Registered No. 7

2. FULL NAME

J. M. 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 <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Flora Brown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 21 - 1864</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>2</u>
	DAYS <u>6</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Macon Mo</u>	13. NAME <u>J. M. Brown</u>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	15. MAIDEN NAME <u>Allie Matthews</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	17. INFORMANT <u>George Brown</u> (ADDRESS) <u>Macon, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crown Cem.</u> DATE <u>1-29</u> 19 <u>36</u>	19. UNDERTAKER <u>Stephens & Goodding</u> (ADDRESS) <u>Macon, Mo.</u>	
20. FILED <u>1/30</u> 19 <u>36</u> <u>Seato Hester</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-27-1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1935, to Jan 27, 1936
I last saw deceased alive on Jan 27, 1936 Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:
Cardio-vascular about 5 yrs
Renal Disease
Other contributory causes of importance:
Terminal Broncho Pneumonia 1-13-36

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) J. J. Hester
Macon Mo.
(Address) _____

