

MAY 18 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County Buchanan, Registration District No. 80  
Township Center, Primary Registration District No. 1-119  
City 8 Mi. So. of St. Joseph, Sparta Road (Ward)

File No.

14086

Registered No.

## 2. FULL NAME

William Louis Brown,  
(a) Residence, No. 8 Mi. So. of St. Joseph, Sparta Road, Ward.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 70 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

Ida Brown,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15, 1857

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.

79

1

28

OCCUPATION

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

Farmer,

9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.

Farm,

10. Date deceased last worked at  
this occupation (month and  
year) April 189811. Total time (years)  
spent in this  
occupation. 1912. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Oskaloosa,  
Kansas,

13. NAME

Charles F. Brown,14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Stuben County,  
New York,

15. MAIDEN NAME

Phoebe Moore,16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Unknown,  
Indiana,

17. INFORMANT

Mrs. W. L. Brown  
(ADDRESS) R. F. D. # 1, Faucett, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Halleck, Oem. DATE April 15, 1936

19. UNDERTAKER

Heaton Byrle Bowman  
(ADDRESS) St. Joseph, Mo. Funeral Home

20. FILED

April 14, 1936 Mrs. Lucy Powell  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13th, 193622. I HEREBY CERTIFY, That I attended deceased from  
Oct 10th, 1935 to April 13th, 1936I last saw him alive on April 10th, 1936 Death is said  
to have occurred on the date stated above, at 1:00 a. m.

The principal cause of death and related causes of importance were as follows:

Organic Heart Disease

Date of onset

Oct 1935

Other contributory causes of importance:

Name of operation None Date ofWhat test confirmed diagnosis? Clinical Was there an autopsy? No23. 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? .....

If so, specify .....

(Signed) J. R. Peter, Jr. M. D.(Address) Halleck, 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.

