

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.

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

Do not use this space.

MAY 19 1936

15352

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Paris Primary Registration District No. 1002  
City Paris (No. General Hosp)

File No. \_\_\_\_\_  
Registered No. 21110  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 8330 Wilson Rd 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Helinda Brown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 28-1886</u>		
7. AGE YEARS <u>50</u>	MONTHS <u>2</u>	DAYS <u>20</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>Steel</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Worker</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1936

22. I HEREBY CERTIFY: That I attended deceased from \_\_\_\_\_, 19\_\_\_\_  
Deputy Coroner  
I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_ Death is said to have occurred on the date stated above, at 12:45 p. m.  
The principal cause of death and related causes of importance were as follows:  
Automobile mishap Date of onset \_\_\_\_\_  
Fracture of the skull

Other contributory causes of importance:  
No Pedestrian on

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
FATHER 13. NAME <u>James W. Brown</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
MOTHER 15. MAIDEN NAME <u>Mary Alice Hull</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
17. INFORMANT (ADDRESS) <u>Keneth Brown 408 E. Monroe</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bethel by</u> DATE <u>Apr 20, 1936</u>
19. UNDERTAKER (ADDRESS) <u>Rose + Henderson 15 + Jackson</u>
20. FILED <u>Apr 19, 1936 M. W. Brown</u> Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis Autopsy Was there an autopsy? \_\_\_\_\_

23. If death was due to external cause, riot, fall, fire, explosion, flood, accident, suicide, or homicide, fill in also the following: Date of injury \_\_\_\_\_  
24th May + Mississippi River  
Where of injury occurred \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in \_\_\_\_\_, home, or in public place.

Manner of injury Struck by bus

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) [Signature] M. D.  
(A. P. Res) [Signature]

