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 4 1936

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

Do not use this space.

31905-a

1. PLACE OF DEATH

County: Pemiscot. Registration District No.: 1099

Township: Little River. Primary Registration District No.: 5868

City: Wardell, Mo. (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME: Jonnie Louis 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. 18 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*): —

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF [redacted]

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 10 1936

7. AGE: Years —; Months —; Days 18; 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): Wardell, Missouri

FATHER

13. NAME: Willie Brown.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lallapoosa Migsouri. Pemiscot Co.

MOTHER

15. MAIDEN NAME: Lona Farr.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Vina, Alabama.

17. INFORMANT (ADDRESS): Perry Weaver Wardell Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Wardell Mo DATE: Aug 29 1936

19. UNDERTAKER (ADDRESS): J O Chest Wardell Mo

20. FILED: 10 9 1936 J L Creasy, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

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

	Date of onset
I do not know the cause of the death of this baby and I did not attend the case at its last illness.	

Other contributory causes of importance: .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....

If so, specify .....

(Signed) W H Denton, M. D.

(Address) Wardell, Missouri

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10 - 10 - 36 \\
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18
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