

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.

6861 1250

AUG 21 1936
4/17

48623

1. PLACE OF DEATH
County Gasper Registration District No. _____
Township Joplin Primary Registration District No. _____
City Joplin (No. 2902) Registered No. _____
St. _____ Ward _____

2. FULL NAME Richard E. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jul 1, 36

7. AGE YEARS _____ MONTHS _____ DAYS _____ If LESS than 1 day, ... hrs. or ... min. X

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) Joplin MO

MOTHER

13. NAME Richard E. Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

15. MAIDEN NAME Agnes Baber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT R. E. Brown
(ADDRESS) Joplin MO

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary DATE 7-2-36

19. UNDERTAKER (ADDRESS) Joplin MO

20. FILED 7-3 19 36 J. J. James
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-1-36

22. I HEREBY CERTIFY, That I attended deceased from 7-1-36 1936, to 7-1-36 1936
I last saw h. dead alive on 7-1-36 1936 Death is said to have occurred on the date stated above, at 5:40 PM.
The principal cause of death and related causes of importance were as follows:
Still born
4-6 days before
Birth
Macerated
Date of onset _____

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) J. J. James M. D.
(Address) Joplin MO

