

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

Do not use this space.

MAY 21 1937

1. PLACE OF DEATH

County Jackson

Township Prarie

City J. C. Home (No. 5)

Registration District No. 440

Primary Registration District No. 2553B

File No. 16604

Registered No. 78

2. FULL NAME Oscar L. Brown

(a) Residence, No. J. C. Home St. 5 Ward 5

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-5-1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>81</u>	<u>10</u>	<u>6</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

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) Ohio

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Ernest Jackson (ADDRESS) J. C. Home

18. BURIAL, CREMATION, OR REMOVAL No Burial DATE Apr 14 1937

19. UNDERTAKER Ketter (ADDRESS) J. C. Home

20. FILED 4-14-1937 William J. Fields Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 11 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-1 1937 to 4-11 1937

I last saw him alive on Apr 11, 1937. Death is said to have occurred on the date stated above, at 4:45 pm.

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

Senile debility Date of onset

Other contributory causes of importance: 16

Name of operation clinical Date of

What test confirmed diagnosis clinical 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. W. Greiner, M. D.

(Address) Independence

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