

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.

med & cov
Rach
JUN 22 1937

20319

1. PLACE OF DEATH

County *Jackson*
Township *Prarie*
City *J. B. Home*

Registration District No. *400*
Primary Registration District No. *5553 B*
(No. *J. B. Home*)

File No. _____
Registered No. *109*
St. _____ Ward _____

2. FULL NAME

Amos J. Brown
(a) Residence, No. *J. B. Home* St. _____ Ward _____
(Usual place of abode)

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 *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *8-13-1880*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
56 9 -

OCCUPATION
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) *Mo.*

FATHER
13. NAME *Unknown*

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

MOTHER
15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

17. INFORMANT (ADDRESS) *Ernest Jackson J. B. Home*

18. BURIAL, CREMATION, OR REMOVAL *Western Dental* DATE *May 27 1937*

19. UNDERTAKER (ADDRESS) *Wetterlin J. B. Home*

20. FILED *6-3-37* *William J. Fields* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 13 1937*

22. I HEREBY CERTIFY, That I attended deceased from *5-1 1937* to *5-13 1937*

I last saw him alive on *May 13 1937* Death is said to have occurred on the date stated above, at *6:30 p.m.*

The principal cause of death and related causes of importance were as follows:
mitral regurgitation Date of onset _____

Other contributory causes of importance: *92%*

Name of operation _____ 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) *Dr. Green* M. D.
(Address) *Independence Mo.*

