

SEP 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buckauer
Township St. Joseph
City St. Joseph (No. Mo. Meth Hosp.)

Registration District No. 85
Primary Registration District No. 1

File No. 30200
Registered No. 927
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Denver Mo.
(b) Usual place of abode _____
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 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) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23, 1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 3 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
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) Illinois

13. NAME Edward Brown

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

15. MAIDEN NAME Fiddy Miller

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

17. INFORMANT (ADDRESS) Marshall Brown
Denver Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fort G. cemetery DATE 8-26-37

19. UNDERTAKER (ADDRESS) John St. Brown
Clarkdale Mo.

20. FILED Aug. 25, 1937 H. J. Nesbitt
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/21, 1937 to 8/25/37, 1937.
I last saw him alive on 8/25/37, 1937. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
IC

Other contributory causes of importance: Hyperlophes Pontata

Name of operation none Date of _____
What test confirmed diagnosis? Chol 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) Charles Greenberg, M. D.
(Address) 215 W. St. Joseph Mo

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.

OCCUPATION
FATHER
MOTHER

1
2
3
31

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