

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.

OCT 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 400
 Township Prairie Primary Registration District No. 5553/B
 City Little Blaine No. Jackson Co Home St. _____ Ward)

File No. 34455
 Registered No. 162

2. FULL NAME Sterling Brown

(a) Residence, No. Jackson Co Home 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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk. 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed
 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) K. C. Mo

MOTHER FATHER
 13. NAME John Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. unk

15. MAIDEN NAME Lizzie unk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. unk

17. INFORMANT Alice Alexander
 (ADDRESS) 2411 _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 9/27 '37

19. UNDERTAKER (ADDRESS) Starkins Bros

20. FILED Sept 27 '37 William J. Fields
 Registrar.

MEDICAL CERTIFICATE OF DEATH 3:57 P.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-22-37, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 - 1937, to Sept. 22 - 1937
 I last saw him alive on Sept. 22, 1937 Death is said to have occurred on the date stated above, at 3:15 P.M.

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

arterio-sclerotic insufficiency

Other contributory causes of importance:

mental.

Name of operation _____ Date of _____

What test confirmed diagnosis? Phys Exam 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) L. W. Booker, M. D.
 (Address) 2028 Vine St.

