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 22 1937

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

Do not use this space.

1. PLACE OF DEATH
County Newton
Township Granby
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 6145816
Primary Registration District No. ~~4555~~

File No. 34893
Registered No. 3..

2. FULL NAME John Vernon 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lula Brown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17 1885
7. AGE YEARS 52 MONTHS 7 DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W.P.A.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foreman
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) Berwick Newton Co.

FATHER
13. NAME Sanford Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton Co.

MOTHER
15. MAIDEN NAME Leanna Le Grande
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Lula Brown Pierce City Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Berwick DATE Sept 19 1937
19. UNDERTAKER (ADDRESS) Victor Niemeyer Pierce City Mo.
20. FILED Sept 17, 1937 L E Rolens Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17, 1937
22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....
I last saw him dead ~~alive~~ on Sept 17, 1937 Death is said to have occurred on the date stated above, at about 7:15 P.m.
The principal cause of death and related causes of importance were as follows:
Compound Fracture of both legs below the knees, Crushed Chest and Fractured Skull
Date of onset
Other contributory causes of importance:
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9-17, 1937
Where did injury occur? No Hiway #60, 3 mi west of Granby in Newton County (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Highway
Manner of injury Struck by car while standing on Hiway
Nature of injury Fracture Skull, Crushed Chest, broken legs

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Carey Thompson Coroner, ~~M.D.~~
(Address) Neosho Mo.