

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.

JAN 15 1937

1. PLACE OF DEATH

County

Carter

Registration District No.

143

Township

Carter

Primary Registration District No.

5205

City

(No.)

St.

Ward)

2. FULL NAME

Jesse James Brown

(a) Residence, No.

Pike Sup. Cnty. Co. Mo.

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)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

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

Jan. 16, 1887

7. AGE

YEARS

50

MONTHS

10

DAYS

7

If LESS than 1

day, hrs. or min.

OCCUPATION

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

Common laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Timber work

10. Date deceased last worked at this occupation (month and year)

Dec. 19, 1937

11. Total time (years)

spent in this occupation 30 yrs.

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Wayne Co., Mo.

13. NAME

John Thomas Brown

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ill.

15. MAIDEN NAME

Victoria McAfee

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Canada

17. INFORMANT

(ADDRESS)

D. N. Brown
Coming, Ark.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Coming, Ark.

DATE

12-26-1937

19. UNDERTAKER

(ADDRESS)

Black's Mortuary
Coming, Ark.

20. FILED

Dec. 24, 1937

J. W. Cotton

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Dec. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from

12-23, 1937, to 12-23, 1937.

I last saw him alive on 12-23, 1937. Death is said

to have occurred on the date stated above, at 9 P. M.

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

Internal injury
caused by fall from
a truck while in mo-
tion

Date of onset

Other contributory causes of importance

Acute alcoholism with
several hours exposure
on cold ground unprotected
just prior to accident

Name of operation

Date of

What test confirmed diagnosis?

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

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)

J. W. Cotton

M. D.

(Address)

J. W. Cotton, Mo.

J. W. Cotton M.D.
Coroner

