REC'D MAR 15 1938

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

Do not use this space.

File No. 6214
Registered No. 41

1. PLACE OF DEATH
County Butler
Registration District No. 89
Township
Primary Registration District No. 3007
City Poplar Bluff (No. 616 North Front St. St. Ward)

2. FULL NAME William Jonah Brown 650

(a) Residence, No. 616 North Front St. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virgie Lee Borwn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11, 1881

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
56	1	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Owensboro
(STATE OR COUNTRY) Kentucky

FATHER
13. NAME Robert Brown
14. BIRTHPLACE (CITY OR TOWN) Owensboro
(STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME ? Crawens
16. BIRTHPLACE (CITY OR TOWN) Owensboro,
(STATE OR COUNTRY) Kentucky

17. INFORMANT Earl Brown
(ADDRESS) R.R. 3 Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL Ash Hill Cemetery
PLACE Butler Co., Mo. DATE Feb. 11, 1938

19. UNDERTAKER Frank Und. Co.
(ADDRESS) Poplar Bluff, Missouri

20. FILED 2/11, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from ~~Jan. 1~~ Feb 7, 1938, to Feb. 10, 1938
I last saw him alive on Feb 10, 1938. Death is said to have occurred on the date stated above, at 12:30a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac decompensation	2-10-38
93	
Other contributory causes of importance:	
Chronic myocarditis	?

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) Chester Harwell, M. D.
(Address) Poplar Bluff, 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.