

REC'D APR 23 1938

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

9654

Do not use this space.

1119

1. PLACE OF DEATH  
(a) County Jackson Registration District No. 399  
(b) Township Paris Primary Registration District No. 1002 Registered No. 1119  
(c) City Paris City Mo (d) Street No. 569 Harrison St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Eddie Brown 650  
(a) Residence, No. 569 Harrison St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mildred Brown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 3-1888
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
49 5 21
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as bank mill, bank, etc. Corn Lab.  
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) Mississippi
- FATHER 13. NAME Lucius Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi
- MOTHER 15. MAIDEN NAME Abelene Perry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss
17. INFORMANT (ADDRESS) Nolan Brown 13003 Carolina St St. Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE B. B. Co. DATE 3-10 1938
19. FUNERAL DIRECTOR (ADDRESS) Travel 1119 218 St. Mo
20. FILED Ther 12 38 M. M. Brown Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-24-38 1938
22. I HEREBY CERTIFY, That I attended deceased from 1938 to 1938, 1938. Death is said to have occurred on the date stated above, at 2:45 p. m. The principal cause of death and related causes of importance were as follows:  
Syphilis Antiter  
Diphtheria Antes Querys  
34
- Other contributory causes of importance:
- Name of operation Pulm Date of 1938  
What test confirmed diagnosis? Pulm Was there an autopsy? Yes
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? None Date of injury 1938  
Where did injury occur? None (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.
- Nature of injury None  
24. Was disease or injury in any way related to occupation of deceased?  
If so, specify None  
(Signed) Russell W. Smith, M. D.  
(Address) St. Mo

