REC'D MAY 16 1938

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

Do not use this space.

1. PLACE OF DEATH
County Jackson
Township
City Independence (No. Independence Sanitarium St. Ward)

Registration District No. 398
Primary Registration District No. 3019

File No. 14829
Registered No. 119

2. FULL NAME Clyde M. Brown 650
(a) Residence, No. 635 So. Huttig. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Florence A. Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 22, 1875

7. AGE: 62 YEARS, MONTHS: 9, DAYS: 24, If LESS than 1 day, hrs. or min.

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.: W.P.A.
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): Brunswick, Missouri 0

FATHER
13. NAME: J.W.Brown 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 1

MOTHER
15. MAIDEN NAME: Cleopatrica Lendon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Frank V. Brown, 9429 Independence Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Washington Cem DATE 4-18-1938

19. UNDERTAKER (ADDRESS): George C. Carson, Independence, Mo.

20. FILED 4-18-1938 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dylown, 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 1:10 A.M.
The principal cause of death and related causes of importance were as follows:

Automobile Traumatism
Crushed Chest
Ruptured Liver

Date of onset

Other contributory causes of importance: 210 M 21

Name of operation: None Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4-15, 1938
Where did injury occur? H 24 + Winner Rd (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Highway
Manner of injury Automobile Traumatism - Pedestrian
Nature of injury Crushed Chest - Ruptured Liver

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Dylown

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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.