

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.

REC'D JUN 14 1938

17788

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph (No. St. Hospital 22)

Registration District No. 85
Primary Registration District No. 1001

File No.
Registered No. 564
St. Ward)

2. FULL NAME

Emery C. Brownson

(a) Residence, No. 233 28 Euclid Kan. City Mo. Kansas City, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 5 mos. 16 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 Mrs. E. C. Brownson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 9 25

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

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

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) Nevada, Mo.

MOTHER FATHER 13. NAME Emery C. Brownson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Mary Ellen O'Rocher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Hospital Records
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Kansas City, Mo.
PLACE Kansas City, Mo. DATE May 28 1938

19. UNDERTAKER H. O. Sidenfaden & Son
(ADDRESS) 1902 Union Str St. Joseph, Mo.

20. FILED 5/27 1938 Agrestabush
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 6th 1937, to May 26, 1938

I last saw him alive on May 28, 1938 Death is said to have occurred on the date stated above, at 12:35 P.m.

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

Acute Myocarditis Date of onset May 6, 1938

Other contributory causes of importance:

Dementia Praecox 1936

Name of operation Date of...
What test confirmed diagnosis? Clinical Was there an autopsy? yes

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? If so, specify

(Signed) R. F. Kuhlman, M. D.
(Address) State Hosp. Mo.

