

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.

REGD JUL 14 1938

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

Do not use this space.

21364

1. PLACE OF DEATH

County Dickinson
Township St. Joseph No.
City St. Joseph, Mo.

Registration District No. 3
Primary Registration District No. State Hospital #2

File No. 619
Registered No. 619
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 1162 E. 76th St., Los Angeles, Cal.
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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) July

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
Oct. 70

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

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

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) Indiana

13. NAME W. H. Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S.

15. MAIDEN NAME W. H. Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S.

17. INFORMANT (ADDRESS) State Hosp Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE June 14 1938

19. UNDERTAKER (ADDRESS) Mr. C. L. ...

20. FILED 6/14 1938 Registrar A. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 1938

22. I HEREBY CERTIFY that I attended deceased from July 27 1918 to June 13 38

I last saw deceased alive on June 13 1938 Death is said to have occurred on (the date stated above, at 10:45 a.m.

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

Epileptic Seizure (Date of onset 6-13-28)
Seizure
Died in 15 minutes from onset of seizure. Comatose epileptic
Died June 13 1938

Other contributory causes of importance:

Epilepsy 85

Name of operation No. Clin. Date of ✓
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? No 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 None
Nature of injury _____

24. Was disease or injury in all ways related to occupation of deceased? No
If so, specify _____

(Signed) R. Heleg M. D.
(Address) State Hosp St. Joseph, Mo.

