

REC'D NOV 3 1938

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

35900

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
(b) Township Blue Primary Registration District No. 3019 Registered No. 292
(c) City Independence (d) Street No. Independence Sanitarium 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 Joseph S. Brown

(a) Residence, No. 328 W. South Side Blvd. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27, 1889

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>49</u>	<u>6</u>	<u>26</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Steel Worker

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

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Independence 0
(STATE OR COUNTRY) Missouri

FATHER 13. NAME August M. Brown 1
14. BIRTHPLACE (CITY OR TOWN) New Castle 1
(STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Mary Ellen Cummings
16. BIRTHPLACE (CITY OR TOWN) Stuben County
(STATE OR COUNTRY) New York

17. INFORMANT Mrs. J.S. Brown
(ADDRESS) 323 W. South Side Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn Indep DATE Oct. 26 1938

19. FUNERAL DIRECTOR Ott & Mitchell
(ADDRESS) Independence, Mo.

20. FILED 10-28-38 1938 S. L. Cook
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9 A.M. 1938
Corson

I last saw him alive on Oct. 22, 1938, 19..... Death is said to have occurred on the date stated above, at.....m.
The principal cause of death and related causes of importance were as follows:
Coronary hypoxemia
Coronary Spasm
hypertension 941

Other contributory causes of importance:
None

Name of operation..... Date of.....
What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external cause (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) J. H. H. H., M. D.
(Address) Weytown

STATEMENT BY LICENSED EMBALMER

I, Henry A. Mitchell, Licensed Embalmer No. 3925

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Henry A. Mitchell
Licensed Embalmer No. 3925

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)