APR 11 1939 691

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

Do not use this space.

10194

File No. 333 382

Registered No. 382

85

1. PLACE OF DEATH

County Buchanan Registration District No. 1000

Township Washington Primary Registration District No.

City St. Joseph, Mo. (No. State Hosp. #2 St. Ward)

2. FULL NAME Arthur Brown

(a) Residence, No. State Hospital # 2 St., Ward. Carrollton Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 11 mos. 11 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): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 18, 1912

7. AGE: Years 26 Months 10 Days 13 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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) Pleasant Hill Mo

FATHER

13. NAME Ed. Brown Mo

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

MOTHER

15. MAIDEN NAME Bertha Mitchell

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

17. INFORMANT (ADDRESS) Mrs. Bertha Brown, Holden Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carrollton Mo DATE April 3 1939

19. UNDERTAKER (ADDRESS) Barry-Wylie Funeral Home 218 South 10th St

20. FILED 4/4 1939 N. Mestlebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 31 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr. 20, 1934 to Mar. 31 1939

I last saw him alive on ..., 1939. Death is said to have occurred on the date stated above, at 3 a. m.

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

	Date of onset
Pulmonary tuberculosis	Gradual
Other contributory causes of importance: tuberculosis pneumonia	3/12/39

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No

If so, specify

(Signed) T. J. O'Neill M. D.

(Address) St. Joseph

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

20M-2-19-38 I X7284

Statement by Licensed Embalmer

I hereby certify that the body whose name isnrecorded on the reverse side of this certificate was embalmed by me

myself.

Signed Theron D Smith

Licensed Embalmer No. 3928

P.O.Address St. Joseph.

102 B Edmond