REC'D MAY 11 1939

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

14856
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE
(b) Township or City SPRINGFIELD
Registration District No. 316
Primary Registration District No. 2001
Registered No. 286
(d) Street No. 603½ Boonville 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 William Brown
(a) Residence, No. 603½ Boonville St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Unknown
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown
7. AGE: YEARS: About 67 MONTHS: DAYS: If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Trader
9. Industry or business in which work was done, as saw mill, bank, etc.: and peddler
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): Unknown 9

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

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Coroner of Greene County Springfield, Missouri.
18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood Cem. DATE April 7 39
19. FUNERAL DIRECTOR (NAME) (ADDRESS): H. H. Lohmeyer Springfield, Mo.
20. FILED Apr 7 1939 Chas A George M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/3 1939
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw him ~~alive~~ Dead on Apr 3 1939. Death is said to have occurred on the date stated above, at 3:38 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Strychnine Suicide

Other contributory causes of importance: 163

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Apr 3, 1939
Where did injury occur? 603½ Boonville Springfield (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In hospital
Manner of injury Strychnine Suicide
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) J. P. Ferguson Coroner M. D.
(Address) 6045 Elm

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Randolph Neale, Registered Apprentice No. 176 working under my personal supervision.

Signed L Doolin Gorman

Licensed Embalmer No. 3197

P. O. Address Springfield Mo

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

If this body is not embalmed, above space should be left blank.