

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.

John B. Buse
 205-59301 St. 3

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

Do not use this space.

19625

1. PLACE OF DEATH
 7th County St. Charles Registration District No. 756
 Township Portage Primary Registration District No. 5997
 City St. Charles (No.) St. Ward (No.)

2. FULL NAME Thomas Franklin Brown
 (a) Residence, No. St. Ward. Chautauque, Ill.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. / 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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29, 1920

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	18	10	✓	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Never worked

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Chautauque
 (STATE OR COUNTRY) Illinois

FATHER

13. NAME Thomas T. Brown

14. BIRTHPLACE (CITY OR TOWN) Green County
 (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Oliver Cain

16. BIRTHPLACE (CITY OR TOWN) White Hall
 (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE American Legion Cemetery DATE May 31, 1939

19. UNDERTAKER (ADDRESS) Jacoby & Son, Inc. Osceola, Ill.

20. FILED May 31, 1939 Rose Barnard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Held Inquest, May, 29th-1939, 19

I last saw h. alive on , 19 Death is said to have occurred on the date stated above, at 4-PM m.

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

Accidental "DROWNING"

Passenger in Canoe.

Other contributory causes of importance:

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 Accident Date of injury 5-29-39
 Where did injury occur? near Orchard Farm No. 1
 (Specify city or town, county, and State)
in Mississippi River.
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury Canoe Overturned
 Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) John B. Buse M. D.
 (Address) Coroner - St. Charles, Co. Mo.

Sub.

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