

JUN 25 1930

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

Do not use this space.

15909

1. PLACE OF DEATH

County Henry Registration District No. 347  
Township \_\_\_\_\_ Primary Registration District No. 3018  
City Clinton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 38  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Leon S Brown

(a) Residence. No. 7 W. Main St St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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 MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/29 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

17. I HEREBY CERTIFY, That I attended deceased from April 8, 1930 to May 29, 1930 that I last saw h. alive on May 27, 1930 and that death occurred, on the date stated above, at 10 PM.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 4 1908

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Tuberculous Enteritis

| 7. AGE    | YEARS    | MONTHS    | DAYS     | IF LESS than 1 day, _____ hrs. or _____ min. |
|-----------|----------|-----------|----------|--|
| <u>22</u> | <u>3</u> | <u>25</u> | <u>—</u> | <u>—</u>                                     |

(duration) \_\_\_\_\_ yrs. 6 mos. — ds.  
35 1097 937

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Cleaner & Pressing  
(b) General nature of industry, business, or establishment in which employed (or employer) in cleaning shop  
(c) Name of employer \_\_\_\_\_

CONTRIBUTORY (SECONDARY) Pneumonia & Toxic Myocarditis (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 ds.

9. BIRTHPLACE (CITY OR TOWN) Clinton (STATE OR COUNTRY) Mo

18. WHERE WAS DISEASE CONTRACTED Kansas City Mo  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

10. NAME OF FATHER Chas Brown

DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? NO

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hudson (STATE OR COUNTRY) Mo

WHAT TEST CONFIRMED DIAGNOSIS? Anal. of bowel material  
(Signed) Dr. R. S. Wallingman  
, 19 (Address) Clinton Mo

12. MAIDEN NAME OF MOTHER Julia Swindel  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Clinton (STATE OR COUNTRY) Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT C. L. Brown (Address) Clinton Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clinton Mo DATE OF BURIAL June 1 1930

15. FILED 6/4 1930 Dr. E. C. Peeler REGISTRAR

20. UNDERTAKER Spore & Son Clinton Mo  
ADDRESS \_\_\_\_\_

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

