

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

Do not use this space.

19244

**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. 52  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Harold Brown

(a) Residence No. 615 E Lincoln 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. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 24 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
12 5 5

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

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

**PARENTS**  
10. NAME OF FATHER John E. Brown  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Calhoun mo  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Minnie Gregg  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Creston mo  
(STATE OR COUNTRY)

14. INFORMANT John Brown  
(Address) Clinton Mo

15. FILED 6/30, 1930 W. E. C. Reeler  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/29 1930

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1930,  
that first saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that  
death occurred, on the date stated above, at \_\_\_\_\_ a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Fall from bicycle on right temple causing concussion of brain died instantly (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Epilepsy  
2 1/2 yrs (duration) 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

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

WHAT TEST CONFIRMED DIAGNOSIS Physician  
(Signed) Ed E. Reeler, M. D.  
, 19 \_\_\_\_\_ (Address) Clinton 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Englewood Cem DATE OF BURIAL July 1 1930

20. UNDERTAKER Spore & Son ADDRESS Clinton mo

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.

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