

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

Do not use this space.

8190

1. PLACE OF DEATH

County *Henry* Registration District No. *347*
 #2 Township *Boyard* Primary Registration District No. *5485*
 City (No. _____) St. _____ Ward _____

2. FULL NAME

William Perry Brown
 (a) Residence, No. _____ 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 *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 _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 31 - 1857*
 7. AGE YEARS *74* MONTHS *9* DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Retired Farmer*
 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) *Henry Co Mo*

FATHER 13. NAME *Lejiah Brown*

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

MOTHER 15. MAIDEN NAME *Bitsey Ann Dunham*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ny*

17. INFORMANT (ADDRESS) *Sam Brown, Blair*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Dundicks* DATE *4-1-1932*

19. UNDERTAKER (ADDRESS) *H. P. Smith, Mo*

20. FILED *4/11* 1932 *E. C. Peeler* Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9-31-1932*

22. I HEREBY CERTIFY, That I attended deceased from *Mar 24*, 1932, to *Mar 28*, 1932
 I last saw him alive on *Mar 25*, 1932. Death is said to have occurred on the date stated above, at *1 P.M.*

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

Senile dementia, arterio-sclerosis and hyper-trophy of prostate gland
 Date of onset *97*

Other contributory causes of importance: *1370*
162

Name of occupation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____

(Signed) *H. P. Smith*, M. D.
 (Address) *Union*

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.

APR 26 1932

WHITE COPY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

