

JUN 2 1 1937

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

Do not use this space.

20159

1. PLACE OF DEATH

County Henry Registration District No. 347  
Township Clinton Primary Registration District No. 3018  
City Clinton (No. 7) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. W. J. Brown Ward \_\_\_\_\_  
(Usual place of abode) 1707 E. Jefferson (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 9 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) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary G. Brown  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-7-1868  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
68 6 19

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.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huntingdale, Iowa

MOTHER FATHER  
13. NAME Ferdinand Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illaware

15. MAIDEN NAME Ruth Ann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illaware

17. INFORMANT (ADDRESS) Artie Brown, Clinton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Paul Cemetery DATE 5-28-37

19. UNDERTAKER (ADDRESS) Fred Wilkinson, Clinton, Mo.

20. FILED 6-1-37 J. R. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-26-37

22. I HEREBY CERTIFY, That I attended deceased from Sept-24-1936 to 5-26-37

I last saw him alive on 5-26-37 Death is said to have occurred on the date stated above, at 5:00 P. m.

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

Cerebral hemorrhage 5-25-37

Other contributory causes of importance: hypertension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

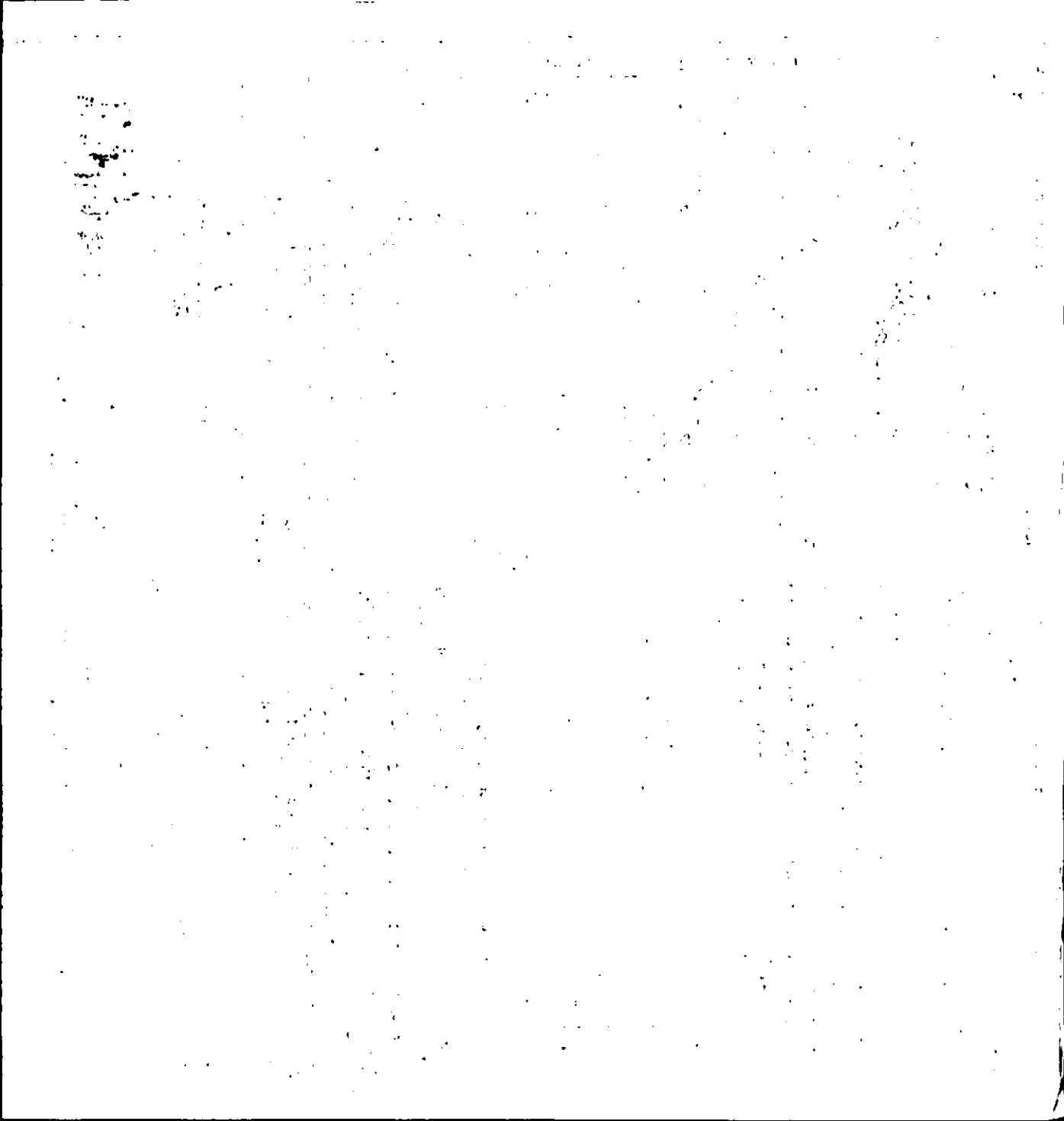
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

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? No  
If so, specify \_\_\_\_\_

(Signed) James Smith, M. D.  
(Address) Clinton Mo



**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Henry Registration District No. 347 File No. 20159  
 Township Clinton Primary Registration District No. 3018 Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

W. J. Brown  
 (a) Residence, No. No info St. Wash (If nonresident, give city or town and State)  
 (Usual place of abode)  
 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 married  
 (write the word)  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 6 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 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)**

13. NAME  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
 15. MAIDEN NAME  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 5-28-37 R. Hamilton Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-26-37

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:

Date of onset \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ 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) Jas. O. Smith, M. D.  
 (Address) Clinton

SUPPLEMENTARY

5-20159