

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

Do not use this space.

21936

AUG 22 1927

County Madison
Township Missouri
City Missouri (No.)

Registration District No. 538
Primary Registration District No. 6230

File No.
Registered No.
St. Ward)

2. FULL NAME James Henry LaBrot
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 23 1924
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 2 7 21

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 14, 1927
17. I HEREBY CERTIFY, That I attended deceased from June 10, 1927 to July 14, 1927 that I last saw him alive on July 14, 1927 and that death occurred, on the date stated above, at 7:12 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonitis and asthma
1060
1120 (duration) yrs. mos. ds.
CONTRIBUTORY Thrombosis (SECONDARY) (duration) yrs. mos. ds.

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

18. WHERE AND DISEASE CONTRAPTED
IF NOT AT PLACE OF DEATH

9. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

8 DID AN OPERATION PRECEDE DEATH. DATE OF
WAS THERE AN AUTOPSY?

10. NAME OF FATHER Dana LaBrot

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

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) F. H. Slaughter, M. D.
July 15, 1927 (Address) Fredericktown

12. MAIDEN NAME OF MOTHER Dorothy Scott

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri, Mo.
(STATE OR COUNTRY)

*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 J. B. LaBrot
(Address) Missouri

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Missouri, Mo. DATE OF BURIAL July 15 1927

15. FILED 7/30, 1927 C. H. Davis REGISTRAR

20. UNDERTAKER Ed. H. Webb ADDRESS Fredericktown

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

