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

Do not use this space.

22349

1. PLACE OF DEATH
County St Louis — Registration District No. 784 — File No.
Township St Ferdinand — Primary Registration District No. 6030 — Registered No.
City Kenloch Mo (No. ..... St. ..... Ward)

2. FULL NAME Fred Brown
(a) Residence. No. Carson Rd & Booker 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: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Minerva Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 28-1896

7. AGE: Years 30 | Months 9 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss

PARENTS
10. NAME OF FATHER: Green B Brown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): N C
12. MAIDEN NAME OF MOTHER: Irene Boyd
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Miss

14. INFORMANT: Minerva Brown
(Address) Kenloch Mo

15. FILED 8-1, 1927 O N Schuck E REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 31 1927

17. I HEREBY CERTIFY, That I attended deceased from June 1st, 1927, to July 31, 1927, that I last saw him alive on July 31, 1927, and that death occurred, on the date stated above, at 9 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
VBA
31
(duration) yrs. 6 mos. 31 ds.

CONTRIBUTORY (SECONDARY) .....
(duration) — yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Roy Johnson, M. D
8-1, 1927 (Address) Ferguson 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: East St Louis Ill — DATE OF BURIAL: 8-7-1927

20. UNDERTAKER: W S Wade Fund Co — ADDRESS: 4202 Finney

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.