

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

Do not use this space.

38733

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 791
Primary Registration District No. 1002

File No.
Registered No. 11459
Ward)

2. FULL NAME

(a) Residence. No. St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

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 or (or) WIFE of Margaret Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 12 - 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
26 4 8

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Crystal City (STATE OR COUNTRY) Mo.

10. NAME OF FATHER William Brown

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

12. MAIDEN NAME OF MOTHER Alice Saugat

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Switzerland (STATE OR COUNTRY)

14. INFORMANT William Brown (Address) Fustus Mo

15. FILED 22 421 maub Starsoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 20 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 16 1927, to Dec 20 1927, and that I last saw him alive on Dec 20 1927, and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chronic mesenteric
meningitis
8 1/2
6 1/2
1 1/2 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) acute thrombosis
chronic mesenteric
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Crystal City Mo IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Dec 17 1927

* WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? operative findings
(Signed) James M. Ryan, M. D.
(Address) Free Press

*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 Fustus MO DATE OF BURIAL Dec 20 1927

20. UNDERTAKER Quister & Menzies ADDRESS Fustus 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.

THIS IS A PERMANENT RECORD

Room 10