

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

Do not use this space 1285

1. PLACE OF DEATH

County Jackson
Township Two
City Stamps city (No. 1805 Brooklyn)

Registration District No. 399
Priority Registration District No. 1805 Brooklyn

File No.
Registered No. 309
St. Ward)

2. FULL NAME

(a) Residence. No. 1805 Brooklyn 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) child

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Sept 1 1927

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 1, 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
4 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work child
(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) Missouri

10. NAME OF FATHER Clinton Hill

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

12. MAIDEN NAME OF MOTHER Elizabeth Patterson

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

14. INFORMANT Mr J M. Patterson (Address) 1805 Brooklyn ave

15. FILED Jan 23, 1928 M.M. Conner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-22 1928 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 20 to Jan 22, 1928, that I last saw him alive on Jan 21, 1928, and that death occurred, on the date stated above, at 4 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS

Bronchial Pneumonia

107 107 (duration) yrs. mos. 2 da.
CONTRIBUTORY (SECONDARY) Tuberculosis of lung (duration) yrs. 6 mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. Home
DID AN OPERATION PRECEDE DEATH. no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? no

(Signed) J. J. Hough, M. D.
1/23, 1928 (Address) 12200 E-18

*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 Blue Ridge Lawn DATE OF BURIAL 1-24 1928

20. UNDERTAKER A B Moore ADDRESS 1820 E 18

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.

