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

Do not use this space.

6872

1. PLACE OF DEATH
County St Louis Mo
Registration District No. 791
Township
Primary Registration District No. 1003
City (No. St. Ward)

File No.
Registered No. 1831

2. FULL NAME William Brown
(a) Residence. No. 3118 Clark av St., 18 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: Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 18 1898

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
29	11	27	

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

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

PARENTS
10. NAME OF FATHER William Brown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Canton
(STATE OR COUNTRY) Miss
12. MAIDEN NAME OF MOTHER Mary Winton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Canton
(STATE OR COUNTRY) Miss

14. INFORMANT Ella May Brown
(Address) 3118 Clark av

15. FILED FEB 20 1928 Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-14-1928

17. I HEREBY CERTIFY, That I attended deceased from 2-8-1928, to 2-14-1928 that I last saw him alive on 2-14-1928, and that death occurred, on the date stated above, at 7 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
101A
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) acute Bronchitis
(duration) yrs. mos. 2 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? —
(Signed) Dr Edward Vere, M. D
2-17-1928 (Address) 12 South Ewing av

*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: Canton Miss
DATE OF BURIAL: Feb 18 1928

20. UNDERTAKER: J. E. Dement & son
ADDRESS: 2702 Wash st

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.