

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

Do not use this space.

12295

82

73

File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH
County Boone Co Registration District No. 73
Township _____ Primary Registration District No. 3006
City Columbia (No. _____) St. _____ Ward _____

2. FULL NAME Luddie Brown
(a) Residence, No. 113 SANFORD AV. 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 20th 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
10

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Claud Ray Brown

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

12. MAIDEN NAME OF MOTHER May Wyatt

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

14. INFORMANT Claud R. Brown
(Address)

15. FILED May 1-28 Beatrice Grubbs
19 _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 30 1928

17. I HEREBY CERTIFY, That I attended deceased from April 22, 1928, to April 28, 1928, that I last saw him alive on April 30 1928, and that death occurred, on the date stated above, at 11 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Jaundice. 161 B
160 163
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Poorly developed at birth.
(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 Symptoms

(Signed) W. P. Norris M. D.
, 19 _____ (Address) Columbia Md.

*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

Columbia Cem

DATE OF BURIAL

5/14 1928

ADDRESS

209 W Broadway

20. UMBERTAKER

Rowlett

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.

Dr Harris
Dr Suggs