JUN 1 1928

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

13081

1. PLACE OF DEATH
County Howard Co. Moreau
Township ~~Franklin~~ Moreau
City ..... (No. ..... St. ..... Ward)

Registration District No. 378
Primary Registration District No. 55-31

File No. .....
Registered No. 27

2. FULL NAME Infant of Forrest Brown - Leroy Brown
(a) Residence No. ..... 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) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 10 - 1928

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, 6 hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(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) Howard Co Mo

PARENTS

10. NAME OF FATHER Forrest Brown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Howard Co Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mertis Colvin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Howard Co Mo

14. INFORMANT Forrest Brown
(Address) New Franklin Mo

15. FILED 4-28 1928 V. C. Bonham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 10 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr 10, 1928, to Apr 10, 1928 that I last saw him alive on Apr 10, 1928, and that death occurred, on the date stated above, at 10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Prematurity 8 month twin

159 [illegible] (duration) ..... yrs. ..... mos. 1/4 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? History: Examination of mother 7 mo. ago
(Signed) G. L. Chamberlain, M. D
, 19 (Address) New Franklin, 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 Clark's Chapel
DATE OF BURIAL Apr 11 1928

20. UNDERTAKER Goodman & Boller
ADDRESS Boonville 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.

[illegible] IS A PERMANENT RECORD