

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.

1928

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

Do not use this space.

15798 **15528**

**1. PLACE OF DEATH**

County.....*St. Louis*..... Registration District No.....*52*..... File No.....*41*.....  
 Township.....*St. Louis*..... Primary Registration District No.....*6070*..... Registered No.....  
 City..... (No.....)..... St..... Ward.....

**2. FULL NAME**

*Curtis Brown*

(a) Residence. No..... St..... Ward..... (If nonresident give city or town and State)  
 (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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *married*  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
*Apr 15 - 1928*

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*13 159*

**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) *Missouri Co.*  
 (STATE OR COUNTRY)

10. NAME OF FATHER *Rasco Brown*

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

12. MAIDEN NAME OF MOTHER *Verbal C. Banks*

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

14. INFORMANT *Rasco Brown*  
 (Address) *Bohland Mo.*

15. FILED *5/10/28*  
 REGISTERED *W. Allen*

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Apr 29 - 1928*

17. I HEREBY CERTIFY, That I attended deceased from *Apr 15 - 1928*, to *Apr 15 - 1928*, that I last saw him alive on *Apr 15 - 1928*, and that death occurred, on the date stated above, at *5* m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Pneumonia with pericarditis, high body temperature, pneumonia, and died from pneumonia*  
 (duration) yrs. mos. *12* ds.

CONTRIBUTORY (SECONDARY) *Pneumonia*  
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED *1610*  
 IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? *No* DATE OF.....

20. WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS? *examined*  
 (Signed) *A. A. Mayfield*, M. D.  
 , 19 (Address) *Shelton 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 DATE OF BURIAL  
*John Daneyport 4/29/28*  
 20. UNDERTAKER (Name) *John Daneyport* ADDRESS *Bohland Mo.*

