

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

Do not use this space.

19159

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City.....

St. George Mo. (No. 2028) Biddle

File No.

Registered No. 5583

St.

Ward)

2. FULL NAME

(a) Residence No. 2028 Biddle St. 21 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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

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

Information

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

About 41

8. OCCUPATION OF DECEASED

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

Labor

(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)

Miss

10. NAME OF FATHER

Bob Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Miss

12. MAIDEN NAME OF MOTHER

Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Not known

14.

INFORMANT

(Address)

Ida Brown 2028 Biddle St

15.

FILED

19

23 1928

Max C. Starnes

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

5/18 1928

17.

I HEREBY CERTIFY, That I attended deceased from 5/7 1928, to 5/18 1928, that I last saw him alive on 5/15 1928, and that death occurred, on the date stated above, at 5/20 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic interstitial nephritis

1290 apt 6 102

CONTRIBUTORY (SECONDARY)

Chronic Nephritis & myocarditis

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

St Louis MO

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

Chemical cause

(Signed).....

W. H. ... M. D.

, 19 (Address)

1536 Poplar St

*State the DISEASE CAUSING DEATH, or in death 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

Washington Park

May 23 1928

20. UNDERTAKER

ADDRESS

A. L. Beal

2726 Luor

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

