

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

Do not use this space.

19477

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City *St. Louis, Mo.* (No. *Baptist Sanitarium* Ward)

File No.
 Registered No. **5922**

2. FULL NAME

James Brown
 (a) Residence. No. *5847* *Bright Ave 5* 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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Sarah R. Brown</i>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>July 12 - 1848</i>		
7. AGE <i>79</i>	YEARS <i>10</i>	MONTHS <i>19</i>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <i>Retired</i> (b) General nature of industry, business, or establishment in which employed (or employer) <i>Flour Miller</i> (c) Name of employer		

PARENTS	9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Scotland</i>
	10. NAME OF FATHER <i>Brown</i>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Scotland</i>
	12. MAIDEN NAME OF MOTHER <i>Jean Brown</i>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Scotland</i>	

14. INFORMANT *James A. Brown*
 (Address) *Ligier Bldg*

15. FILED *1-2* *May 21 1928*
 REGISTRAR *W. C. Stanley*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 31st 1928*

17. I HEREBY CERTIFY, That I attended deceased from *May 15th* 19*28*, to *May 30* 19*28*, and that I last saw him/her alive on *May 30* 19*28*, and that death occurred, on the date stated above, at *6:45 A.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
10/100 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) *10/100* (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) *Maxim A. Frankenthal*, M. D.
May 31, 1928 (Address) *Ligier Bldg 4500 Olive St*

*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 *Bellefontaine* DATE OF BURIAL *6/2 1928*

20. UNDERTAKER *Ch. Lupton* ADDRESS *4449 Olive*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A P.E.F.---VITAL 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.

