

1928

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

20245

1. PLACE OF DEATH

County Cooper  
Towship Cooper  
City Paul Brown (No. ....) St. .... Ward)

Registration District No. 225  
Primary Registration District No. 5306

File No. ....  
Registered No. 13 St. .... Ward)

2. FULL NAME

Paul 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. 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) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 29-1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
16 1 14

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work On Farm.  
(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) Johnson County Mo.

10. NAME OF FATHER Paul H. Atch.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Johnson County Mo.

12. MAIDEN NAME OF MOTHER Annida Bell

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

14. INFORMANT Hurt Browns (Address) Overton Mo.

15. Filed Jan 20, 1928 W. E. Cooper REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3  
16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13 1928

17. I HEREBY CERTIFY, That I attended deceased from June 13, 1928 to June 19, 1928 that I last saw him alive on June 13, 1928, and that death occurred, on the date stated above, at 7:00 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

General Peritonitis  
Paralytic Ileus  
1216  
12215 (duration) .... yrs. .... mos. 1 da.  
129 appendicitis  
CONTRIBUTORY (SECONDARY) (duration) .... yrs. .... mos. 7 da.

18. WHERE WAS DISEASE CONTRACTED? IF NOT IN PLACE OF BIRTH no

19. DID AN OPERATION PRECEDE DEATH? DATE OF no  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings  
(Signed) T. C. Beckett, M. D.  
6-19-1928 (Address) Boonville, 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  
Clayton Cemetery June 15 28

20. UNDERTAKER ADDRESS  
Woodman & Coles Boonville Mo

WRITE PLAINLY, WITH UNFADING INK.

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.

