

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

Do not use this space.

20572

1. PLACE OF DEATH

County Jackson
Township Raw
City J. H. C.

Registration District No. 399
Primary Registration District No. 1002
(No. Chickering St. Ward)

File No. GAAP
Registered No. GAAP
St. Ward

2. FULL NAME

(a) Residence No. 3 Brown, James St. 1 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 Colored 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) 8-15-1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
45 9 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cook!
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Milton Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Jannie Herford

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

14. INFORMANT Harry Brown
(Address) 90 1/2 4th St

15. FILED 6/5 28 M.M. 1928
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-5-1928

17. I HEREBY CERTIFY, That I attended deceased from 5-27, 1928, to 6-5-28, 1928.
that I last saw him alive on 6-5-28, 1928, and that death occurred, on the date stated above, at 12:05 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Myocarditis

CONTRIBUTORY (SECONDARY) 90 B

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? Clinical

(Signed) H. M. Smith, M. D.
6/5, 1928 (Address) Old City Hospital

*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

Blud Ridge farm 6-8 1928

20. UNDERTAKER

H.B. Mann ADDRESS 1870 E. 18

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.

