DEC 31 1928 28002-a

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

Do not use this space.

1. PLACE OF DEATH
County Reeves Madrid — Registration District No. 603 — File No. 28002-a
Township — Primary Registration District No. 4357 — Registered No. 10
City Morehouse (No. ..... St. ..... Ward)

2. FULL NAME Lewis Eugene 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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) March 7, 1928

7. AGE — YEARS — MONTHS 5 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Morehouse, Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Bill Brown.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Charleston. Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Agnes Fancher
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hunterville, Mo
(STATE OR COUNTRY)

14. INFORMANT Bill Brown
(Address) Morehouse, Mo.

15. FILED 9-1 1928 W. John T. Carnick REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 31 1928

17. I HEREBY CERTIFY, That I attended deceased from 7-14, 1928 to 8-31, 1928 that I last saw him alive on 8-20, 1928 and that death occurred, on the date stated above, at 6.25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholera Infantum
114A
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) 113a ✓
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? home
0 DID AN OPERATION PRECEDE DEATH? No DATE OF ✓
WAS THERE AN AUTOPSY? ✓
WHAT TEST CONFIRMED DIAGNOSIS? ✓
(Signed) Dr J P Brandon, M. D
8/31, 1928 (Address) Essex, 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 Idalia Cem.
DATE OF BURIAL Sept 1 1928
20. UNDERTAKER None
ADDRESS ✓

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

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2.