

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

Do not use this space.

32319

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **Rolla** (No. **City Hospital**)

File No. **9633**

Registered No. **9633**

St. .... Ward)

2. FULL NAME

(a) Residence. No. **1837 N Broadway 23** Ward. ....  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **1 1/2** yrs. mos. **2** ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (with the word) **Single**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Sept 29 1928**

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

17. I HEREBY CERTIFY That I attended deceased from **Sept 29 1928** to **Sept 29 1928** that I last saw **Sept 29 1928** alive on **Sept 29 1928** and that death occurred, on the date stated above, at **11:30 a.m.**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Nov. 11, 1920**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS H LESS than 1 day, ..... hrs. or ..... min.  
**17 10 18**

**Pyonephrosis 131**  
**Chronic nephritis 193 P**  
**Uremia 134 E**

8. OCCUPATION OF DECEASED

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

CONTRIBUTORY (SECONDARY) **129 W**  
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) **Alton**  
(STATE OR COUNTRY) **Illinois**

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

10. NAME OF FATHER **Frank Le Brun**

19. DID AN OPERATION PRECEDE DEATH? **No** DATE OF.....

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

20. WAS THERE AN AUTOPSY? **Yes**

12. MAIDEN NAME OF MOTHER **Ma Campbell**

WHAT TEST CONFIRMED DIAGNOSIS? **Chemical - Autopsy**

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

(Signed) **Edward Welbrite, M. D.**

14. INFORMANT **E. K. ...**  
(Address) **City of Rolla**

9/29/28 (Address) **City of Rolla**

\*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.

15. FILED **SEP 29 1928** **May G. Stark** 19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Calvered Cemetery Alton, Ill.** DATE OF BURIAL **Oct. 1, 1928**

20. UNDERTAKER **Robert W. Sheeper** ADDRESS **Alton Ill**

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.

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

Let run

10