

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

Do not use this space.

34298

1. PLACE OF DEATH
 County Madison Registration District No. 405
 Township Green Primary Registration District No. 5-804
 City (No.) 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1 MEDICAL CERTIFICATE OF DEATH

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 single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 28 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 3 18

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work single
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 28 1928

17. I HEREBY CERTIFY That I attended deceased from Oct 25 1928 to Oct 28 1928 and that I last saw him alive on Oct 10 1928 and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1198 / 13 B
 (duration) yrs. mos. 14 da.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) Broadway (STATE OR COUNTRY) Mo

10. NAME OF FATHER Wiley Brown

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

12. MAIDEN NAME OF MOTHER Roxie Poggins

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

14. INFORMANT Paul Brown (Address) Green

15. FILE NO. 24-28 REGISTRAR W. A. Knight

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? no

(Signed) W. A. Knight M. D. (Address) Danvers

*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 Danvers Mo DATE OF BURIAL Oct 28 1928

20. UNDERTAKER W. A. Knight ADDRESS Danvers

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.

