

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

Do not use this space.

36442

1. PLACE OF DEATH

County Cole Registration District No. 213 File No. _____
 Township Jefferson Primary Registration District No. 3014 Registered No. 271
 City Jefferson (No. _____) St. _____ Ward _____

2. FULL NAME Robert 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 Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-6-1921

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
7 6 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

10. NAME OF FATHER Chas Brown

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

12. MAIDEN NAME OF MOTHER Marie Brown

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

14. INFORMANT Marie Brown
 (Address) Jefferson City, Missouri

15. FILED 11-17-28 L. B. Bedford
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY That I attended deceased from Nov-14 1928 to Nov. 16 1928 that I last saw him alive on Nov. 15 1928 and that death occurred, on the date stated above, at 9:30 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Lobar Pneumonia
10/10/28 (duration) yrs. mos. da. 4

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

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) Jay A. Hill, M.D.

11/17, 1928 (Address) Jefferson City, 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 New City Cemetery DATE OF BURIAL 11-18 1928

20. UNDERTAKER Jefferson City Undertaking Co ADDRESS J. C. Mo

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.

11/18

Hill

