

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

Do not use this space.

Dr. J. B. Crane
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1. PLACE OF DEATH

County *St. Louis*
Township *Springfield No*
City *Springfield Mo*

Registration District No. *318*
Primary Registration District No. *2001*

File No.
Registered No. *904*
St. Ward)

2. FULL NAME

(a) Residence. No. *792 10th St* Ward.
(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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *June 13 - 1895*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *33 6- 9*

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

10. NAME OF FATHER *H. R. Brewer*

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

12. MAIDEN NAME OF MOTHER *Luella Doyle*

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

14. INFORMANT (Address) *Wm. H. G. Brewer*

15. FILED *12-22-28* 1928 *Ob. Harold Moe* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec 22 1928*

17. I HEREBY CERTIFY, That I attended deceased from *Nov. 1928* to *Dec 22*, 1928 that I last saw him alive on *Dec 21*, 1928, and that death occurred, on the date stated above, at *5:05 a* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of the Lungs
23A

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) *J. B. Crane*, M. D.

12/24, 1928 (Address) *318 1/2 College St. Springfield, 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 DATE OF BURIAL

Presbyterian Church Dec 24 1928

20. UNDERTAKER

W. H. G. Brewer ADDRESS *Springfield 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.

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

JAN 23 1929

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