

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

Do not use this space.

40749

**1. PLACE OF DEATH**

County Jackson Registration District No. 3.9.9 File No. \_\_\_\_\_  
 Township Wair Primary Registration District No. \_\_\_\_\_ Registered No. 5125  
 City Kansas City (No. 484 Sullivan Ave) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Charles S. La Brant  
 (a) Residence. No. 484 Sullivan St., 10 Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 7 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 25 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
61 11 18

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

9. BIRTHPLACE (CITY OR TOWN) Ill.  
 (STATE OR COUNTRY)

10. NAME OF FATHER J. B. La Brant

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

12. MAIDEN NAME OF MOTHER Mary McK

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

14. INFORMANT H. A. La Brant  
 (Address) Denver Colo

15. FILED 12/14/28 M. M. Crowe  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 13 19 28

17. I HEREBY CERTIFY, That I attended deceased from 7/11 am, 1928, to 12/13, 1928  
 that I last saw him alive on 12-13-28 and that death occurred, on the date stated above, at 12 noon

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pernicious anemia  
11/17 1866  
 (duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ da.  
 CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
 (duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ da.

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Laboratory  
 (Signed) Skellern, M. D.  
12/14, 1928 (Address) 10307 Ludys Ave. KC 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 Howard Kansas DATE OF BURIAL Dec 15 1928

20. UNDERTAKER Mrs. C. L. Foster ADDRESS K.C. Mo.

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

K. 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.

JUL 7 1942

11.11.42