

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

Do not use this space.

D. J. Brown to 2471
File No.
Registered No. *31* ..
St. Ward)

1. PLACE OF DEATH

County *Marion* Registration District No. *547*
Township *Marion* Primary Registration District No. *3039*
City *Hannibal* (No. *704 S. Main St.*)

2. FULL NAME

(a) Residence. No. *704 S. Main St.* 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. ~~SINGLE~~, MARRIED, WIDOWED OR DIVORCED (write the word)

married

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan. 26* 19*29*

17. I HEREBY CERTIFY, That I attended deceased from *no record* 19*26*, to *Jan. 26*, 19*29*, that I last saw him alive on *Jan. 23*, 19*29*, and that death occurred, on the date stated above, at *1:40* P. M.

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

Altha Grober

THE CAUSE OF DEATH* WAS AS FOLLOWS:

excision of eye

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *about 1869*

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

about 60

CONTRIBUTORY (SECONDARY)

44 535
Carcinoma of eye (duration) *3* yrs. mos. da.
3 years

8. OCCUPATION OF DECEASED

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, ..

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

1 DID AN OPERATION PRECEDE DEATH. *yo.* DATE OF *no record*

WAS THERE AN AUTOPSY? *no*

10. NAME OF FATHER ..

WHAT TEST CONFIRMED DIAGNOSIS? *microscopic*

(Signed) *A. R. Shoup*, M. D.

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

, 19 (Address) *Hannibal Mo.*

12. MAIDEN NAME OF MOTHER ..

*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.

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

14. INFORMANT *Mrs. Adolph Grober*
(Address) *Hannibal Mo.*

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Mt. Olivet Cem.* DATE OF BURIAL *Jan. 29 1929*

15. FILED *1/30 29* *C. E. Stode* REGISTRAR

20. UNDERTAKER *Wm. M. Smith* ADDRESS *Hannibal 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.

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