

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

Do not use this space.

J. J. Brown 2471  
File No. 31  
Registered No. 31  
St. Ward)

1. PLACE OF DEATH

County Marion  
Township Marion  
City Hannibal

Registration District No. 547  
Primary Registration District No. 3039  
(No. 704 & Main St.)

2. FULL NAME

(a) Residence. No. 704 & 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

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

Altha Grober

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

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

9. BIRTHPLACE (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

Mrs. Adolph Grober

Hannibal Mo.

15.

FILED

1/30 1929 C. E. Strode

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan. 26 1929

17.

I HEREBY CERTIFY, That I attended deceased from no record 1926, to Jan. 26, 1929, that I last saw him alive on Jan. 23, 1929, and that death occurred, on the date stated above, at 1:40 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

carcinoma of eye

CONTRIBUTORY (SECONDARY)

(duration) 3 yrs. mos. da.

carcinoma of eye

(duration) 3 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF no record

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. R. Phillips, M. D.

, 19 (Address) Hannibal 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

Mt. Olivet Cem.

Jan. 29 1929

20. UNDERTAKER

ADDRESS

Wm M. Smith

Hannibal Mo.

