

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

Do not use this space.

16025

1. PLACE OF DEATH

County.....

Registration District No. 791

791

File No.

Township.....

Primary Registration District No. 1003

1003

Registered No. 4053

4053

City.....

(No. City Hospital #2)

St.

Ward)

2. FULL NAME

(a) Residence. No. 4449 Cote Bellevue St.

City, Mo. 11 Ward.

11

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 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

Col.

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

Single

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

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

May 26, 1889

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ... hrs. or ... min.

39

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8. OCCUPATION OF DECEASED

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

Electrician

(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)

Mo.

10. NAME OF FATHER

John Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Missouri Kemp

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14.

INFORMANT (Address)

Emma Woodard
City Hospital #2

15.

FILED

John E. Barker

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

4-2-1929

17.

I HEREBY CERTIFY, That I attended deceased from 4-2-1929 to 4-2-1929 that I last saw him alive on 4-2-1929, and that death occurred, on the date stated above, at 10:40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

John Pneumonia

108 10/11 (duration) yrs. mos. 5 da.

CONTRIBUTOR (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH. no

DATE OF.....

108 WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) clinical Dr. Birmingham, M. D.

, 19 (Address) 2945 Leaton

*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

Martinsburg Mo

4-4-1929

20. UNDERTAKER

ADDRESS 3109

Peoples Undertaking Franklin

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

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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