

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

Do not use this space.

19824

**1. PLACE OF DEATH**

County.....

Registration District No. 791

File No. ....

Township.....

Primary Registration District No. 1003

Registered No. 5438

City St. Louis Mo (No. 3935 Deussen av.)

St. .... Ward)

**2. FULL NAME**

James Brown

(a) Residence No. 317N. 20th St., 21 Ward.

(If nonresident, give city or town and State)

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.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 13 1929

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

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to..... 19..... that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... 6:59 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2/23/1889  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
41 2 21

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Gun Shot Wound  
Chest  
Self Inflicted  
(duration) yrs. mos. ds.

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

CONTRIBUTORY (SECONDARY) Success  
(duration) ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
WAS THERE AN AUTOPSY?.....

10. NAME OF FATHER H. H. Wholin

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) J. W. Jones, M.D.  
5/14, 1929 (Address) St. Louis

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

\*State the DISEASE CAUSING DEATH, or if deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Sadie Brown  
(Address) 317N. 20th St

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Washington Park DATE OF BURIAL 5/16/1929

15. MAY 16 1929 Max C. Starkloff  
FILED 19..... REGISTRAR

20. UNDERTAKER Winn Ford Co ADDRESS 3317 Morgan

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

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2  
2  
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