

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

Do not use this space.

21047

**PLACE OF DEATH**

County Cooper  
Township Boonville  
City Boonville

Registration District No. 218  
Primary Registration District No. 5298

File No. ....  
Registered No. 77  
St. .... Ward)

**2. FULL NAME**

Silas Brown

(a) Residence. No. .... 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>unknown</u>		
7. AGE YEARS	MONTHS	DAYS
<u>about. 60</u>	<u>years.</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer.</u> (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) <u>Cooper County Mo.</u>		
10. NAME OF FATHER <u>Willis Brown.</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Cooper County Mo.</u>		
12. MAIDEN NAME OF MOTHER <u>Victory Gates</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown.</u>		
14. INFORMANT <u>Mrs. Silas Brown.</u> (Address) <u>Boonville Mo.</u>		
15. FILED <u>June 27 1929</u> <u>J. H. Smiley</u> REGISTRAR		

**MEDICAL CERTIFICATE OF DEATH**

**2**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 26 1929

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 6:00 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Hemorrhage  
82A  
102

(duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) Hypertension  
(duration) ..... yrs. 4 mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED 7400  
IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Post History  
(Signed) T. C. Beckett (Coroner)  
6-26, 1929 (Address) Boonville, 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 <u>City Cemetery</u>	DATE OF BURIAL <u>June 29 1929</u>
20. UNDERTAKER <u>Goodman &amp; Diller</u>	ADDRESS <u>Boonville Mo.</u>

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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