Daily

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

Do not use this space.

23679

1. PLACE OF DEATH
County Wright
Township Wood
City Mt Grove (No. ..... St. ..... Ward)
Registration District No. 708
Primary Registration District No. 6228
File No. .....
Registered No. 36.

2. FULL NAME Frank Andrew Brott
(a) Residence. No. R. F. D. #5 St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 28 yrs. 3 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Etta Pierce

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-24-1864

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
64	11	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(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) Iowa

PARENTS
10. NAME OF FATHER John Andrew Brott
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) New York
12. MAIDEN NAME OF MOTHER Mary Everest
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Illinois

14. INFORMANT C F Brott
(Address) Mt Grove Mo

15. FILED 6/30, 1929 J M Hubbard REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21 1929 9 am

17. I HEREBY CERTIFY, That I attended deceased from Mch 20, 1929, to June 21, 1929 that I last saw him alive on June 21, 1929, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic
Pulmonary Abscess
Formation
..... (duration) ..... yrs. 3 mos. ..... ds.
CONTRIBUTORY (SECONDARY) Influenza
..... (duration) ..... yrs. ..... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Floyd B Daily, M. D.
6/22, 1929 (Address) Mt Grove 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: fair view
DATE OF BURIAL: June 23 1929

20. UNDERTAKER: N L Bottin
ADDRESS: Mountain Grove

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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