

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

Do not use this space.

33109

1. PLACE OF DEATH

County Bettles Registration District No. 89
Township Poplar Bluff Primary Registration District No. 3007
City Poplar Bluff St. _____ Ward _____

File No. _____
Registered No. 176
St. _____ Ward _____

2. FULL NAME

Jessie K. Brown
(a) Residence. No. 622 Wine 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED at school
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 10, 1912
7. AGE
YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
17 6 6
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at school
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 16 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 _____ 8 ____ p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Basal Skull fracture caused by auto accident on highway # 67 2 miles north west Poplar Bluff Mo.
CONTRIBUTORY (SECONDARY) 2:10 PM (duration) yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piedmont Mo.
10. NAME OF FATHER Ed Brown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mable Creek Mo. Co. Mo.
12. MAIDEN NAME OF MOTHER Bertha Kinkaid
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____
8 DID AN OPERATION PRECEDE DEATH? DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) Chas. W. Brown M. D.
10/16 1929 (Address) Poplar Bluff Mo.

14. INFORMANT (Address) Bob Brown Poplar Bluff, Mo.
15. FILED Oct 18 29 Dr. J. C. Clay REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Piedmont Mo. **DATE OF BURIAL** 10-19 1929
20. UNDERTAKER Frank M. Co. Poplar Bluff **ADDRESS** _____

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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PARENTS

