

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

Do not use this space.

21514

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1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis Mo (No. 2327 Franklin Ave) St. Ward)

2. FULL NAME

Moses Brown

(a) Residence. No. 2327 Franklin Ave Ward. 21
 (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 Male 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7/21/1895

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
44 11 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer
 (b) General nature of industry, business, or establishment in which employed (or employer) Commonwealth Steel Co
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Melton County Virginia
 (STATE OR COUNTRY)

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Jessie Brown
 (Address) 9309 7th Franklin Ave

15. FILED Max C. J. Kelly REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/28 1930

17. No Physician in Attendance
 I HEREBY CERTIFY, That I attended deceased from

..... 19..... to 19.....
 (that I last saw h..... alive on 19..... P. and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic
93% myocarditis
 (duration) yrs..... mos..... ds.

CONTRIBUTORY (SECONDARY)

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

18 DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) John Hurley M.D.

1930 Address Deputy Coroner

*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

Father Dixon 7/3 1930

20. UNDERTAKER ADDRESS 2920

Ellis Funeral Home Stoddard St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important.

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