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.

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

Do not use this space.

10863

1. PLACE OF DEATH

County ..... Registration District No. 781 1008

Township ..... Primary Registration District No. .....

File No. .....

Registered No. 2938

City St Louis (No. City Hospital St. ..... Ward)

20922

2. FULL NAME Frank Brazell

(a) Residence, No. 1725 Franklin (rear) St. Ward 25
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 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: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24 — 1885

7. AGE: YEARS 46 | MONTHS 3 | DAYS 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 937108

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 1104

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dixon Tennessee

FATHER

13. NAME James Brazell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dixon Tenn.

MOTHER

15. MAIDEN NAME Sarah Lane

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dixon Tenn.

17. INFORMANT (ADDRESS) Hospital Information Grace Kupp City Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Mathew DATE Mar 28th 1932

19. UNDERTAKER (ADDRESS) J. H. McLaughlin 1631 Mo. Ave

20. FILED MAR 26 1932 Max O. Starkey Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 25th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 9th, 1932, to Mar. 25th, 1932

I last saw him alive on Mar. 25th, 1932 Death is said to have occurred on the date stated above, at 5:10 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Lobar Pneumonia

108 (1)

Other contributory causes of importance:

Empyema Thoracis

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Joanne Simon, M. D.

(Address) City Hospital

Bragg