

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

Do not use this space.

10398

1. PLACE OF DEATH  
 County Henry Registration District No. 347  
 Township Clinton Primary Registration District No. 3018  
 City Clinton (No.         )  
 File No.           
 Registered No. 41 (St.          Ward)

2. FULL NAME Robert L Browder  
 (a) Residence No. 114 W alley 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

1 MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 6 1920

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
8 2 29                           

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Child  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Coffeyville  
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER C W Browder

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Henry Co Mo  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Paul Moore

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 3 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 26 to Mar 2, 1929, to Mar 2, 1929, that I last saw him alive on Mar 2, 1929, and that death occurred, on the date stated above, at 5 a m a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Cerebro Spinal Meningitis  
Epidemic

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH Place of Death

CONTRIBUTORY (SECONDARY)          (duration) yrs. mos. da.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clinton Mo DATE OF BURIAL 3-3 1929

20. UNDERTAKER Sprouffon ADDRESS Clinton Mo

14. INFORMANT Mr C W Browder  
 (Address) Clinton Mo

15. FILED Mar 4 1929 Dr. E. C. Keeler  
 REGISTRAR per J. H.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state AGE known or about. Exact statement of OCCUPATION is very important. 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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