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

Do not use this space.

6859

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City..... (No. Enroute to Hosp St. ..... Ward)

File No.....

Registered No. 1818

2. FULL NAME Elie Brown

(a) Residence. No. 3020 Lasalle St., 22 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

3. SEX: male
4. COLOR OR RACE: col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

5A. ~~If Married, Widowed, or Divorced~~ HUSBAND OF (OR) WIFE OF: Lilli Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 15 1887

7. AGE: Years 40 | Months 11 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Labor 181
(b) General nature of industry, business, or establishment in which employed (or employer): 181
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Weir
(STATE OR COUNTRY): Miss

PARENTS

10. NAME OF FATHER: Chas Brown
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Weir
(STATE OR COUNTRY): Miss
12. MAIDEN NAME OF MOTHER: Minda Miller
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Weir
(STATE OR COUNTRY): Miss

14. INFORMANT: Lillie Brown
(Address) 3020 Lasalle

15. FILED FEB 20 1928, 19 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): 2-14-28 19

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on 30 a, 19....., and that death occurred, on the date stated above, at ..... a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock & Burns
1 & 2 Degrees
Fell into Slag Pit
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Accident
(duration) ..... yrs. ..... mos. ..... ds.

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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) Wm Dever M.D.
N/15, 19 28 (Address) Dep 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: Washington Park Cem
DATE OF BURIAL: Feb 2 1928

20. UNDERTAKER: Watson & Son 2941 Chouteau
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.