

27 1928

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

Do not use this space.

27974

**1. PLACE OF DEATH**

County Montgomery  
 Township Beauregard  
 City High Hill (No. \_\_\_\_\_) (St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 5-89  
 Primary Registration District No. 5-1912

File No. \_\_\_\_\_  
 Registered No. 13

**2. FULL NAME**

J. M. Brown  
 (a) Residence. No. High Hill St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

Emma Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 11 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
58 7 8

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Painter  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER John Brown

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

12. MAIDEN NAME OF MOTHER Meyers

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

14. INFORMANT Emma Brown  
 (Address)

15. FILED Aug. 20, 1928 E. A. Ball  
7.2.2. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 17 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1928, to Aug. 17, 1928, that I last saw him alive on Aug. 17, 1928, and that death occurred, on the date stated above, at 7:30 a. m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Cancer of Stomach + Liver

H. G. E. (duration) 2 yrs. mos. ds.  
Painter's Colic

CONTRIBUTORY (SECONDARY) (duration) 8 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED H. G. E.  
 AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physician  
 (Signed) E. A. Ball, M. D.  
 , 19 (Address) Jewelsburg Mo

\*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Map. Pleasant DATE OF BURIAL August 1928

20. UNDERTAKER Thurmon + Smith ADDRESS High Hill

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.

