

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

Do not use this space.

5563

**1. PLACE OF DEATH**

County Bullham

Registration District No. 85

File No. \_\_\_\_\_

Township St Joseph

Primary Registration District No. 1001

Registered No. 230

City St Joseph (No. Hayes Hospital)

Ward \_\_\_\_\_

**2. FULL NAME**

Albert C. Brown

Union Star Mo.

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_

Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_

da. \_\_\_\_\_

How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_

**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 \_\_\_\_\_  
WIFE OF \_\_\_\_\_

Georgie C. Brown

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

May 6, 1879

**7. AGE**

YEARS 49

MONTHS 9

DATE 16

If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_

(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

(c) Name of employer \_\_\_\_\_

Laborer  
State Highway

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Bethany Mo.

**10. NAME OF FATHER**

R. C. Brown

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Shelling Mo.

**12. MAIDEN NAME OF MOTHER**

Sarah C. Drake

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

New Jersey

**INFORMANT**

(Address) \_\_\_\_\_

Curtis Brown  
4101 S. 1st Ave.

**15.**

FILED \_\_\_\_\_

19 \_\_\_\_\_

John G. W.  
A. C. S.

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

2-22

1929

**17.**

I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
2-17, 1929, to 12-22, 1929

that I last saw him alive on 2-21, 1929, and that death occurred, on the date stated above, at 5:15 a.m.

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

Septicemia, General

1945

190

36 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 12 da.

**CONTRIBUTORY (SECONDARY)**

Washed, thumb, frozen

thumb (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 12 da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 2-18-29

WAS THERE AN AUTOPSY? No

**WHAT TEST CONFIRMED DIAGNOSIS**

(Signed) \_\_\_\_\_

Clinical  
J. H. Geemring

M. D.

\*State the DISEASE CAUSING DEATH, or if 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**

Union Star, Mo.

Feb 24 1929

**20. UNDERTAKER**

**ADDRESS**

H. H. Wilson King City

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.

21 1929

13  
1  
2  
2

FILED  
2-23-29  
100880

