

WRITE PLAINLY, WITH UNWADING 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.

28804

1. PLACE OF DEATH

County St. Louis
Township Central
City St. Louis (No. 8318)

Registration District No. 789
Primary Registration District No. 6033B

File No. _____
Registered No. 59
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 8318 Flora 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. 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11 - 1896

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	33	8	14	

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

9. BIRTHPLACE (CITY OR TOWN) All
(STATE OR COUNTRY)

10. NAME OF FATHER Thos. B. Brownfield

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

12. MAIDEN NAME OF MOTHER Martha Duncan

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

14. INFORMANT Martha Brownfield
(Address) 8318 Flora

15. FILED 8/26 19 29 Wella Bracy M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 25 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 21 1929, to Aug 24 1929 that I last saw him alive on Aug 24 1929, and that death occurred, on the date stated above, at 5 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Carcinomatosis
5 1/2 (duration) 1 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Unit known
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

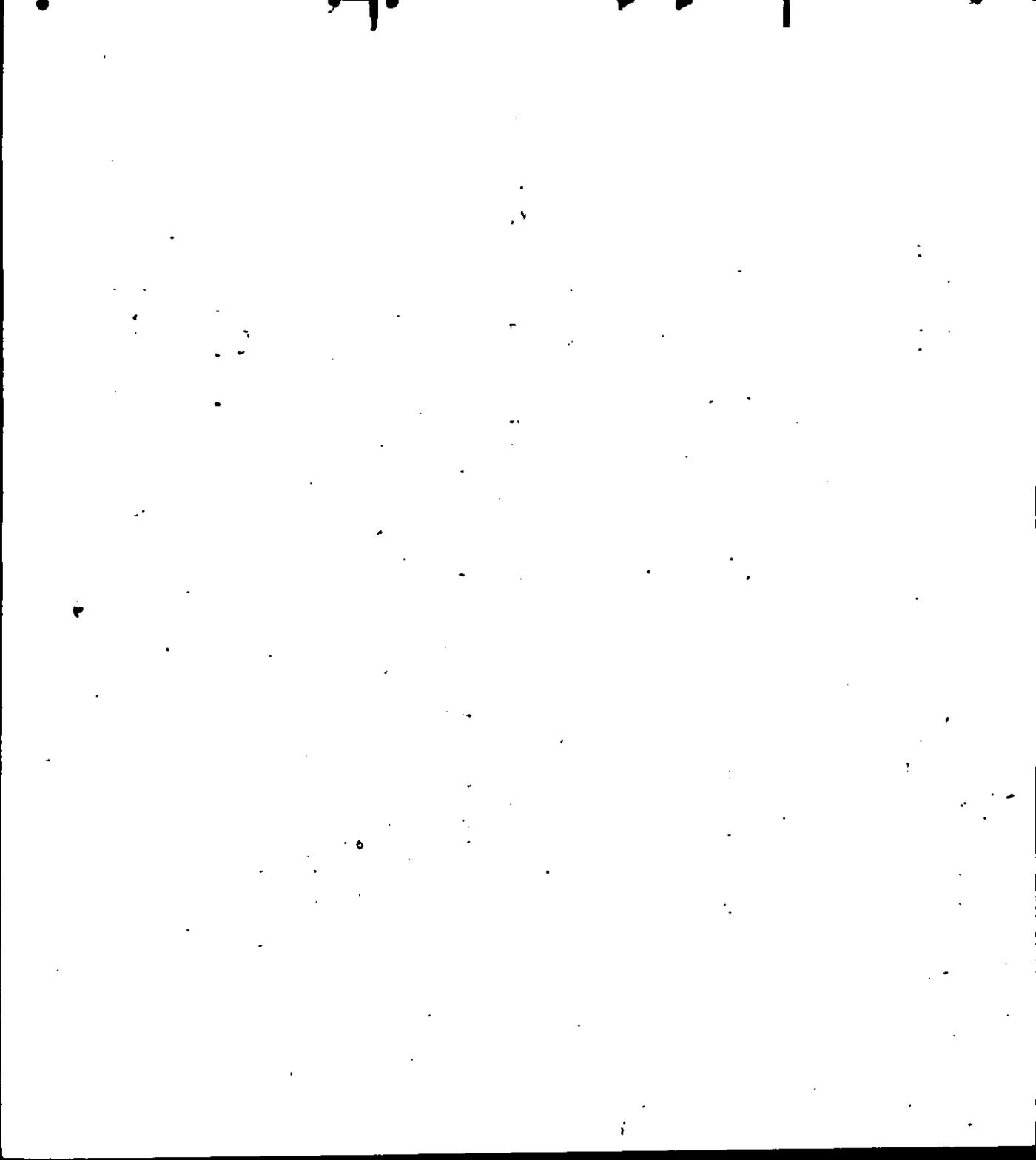
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) Charles E. Sterling, M. D.

8-26-1929 (Address) 8105 Page Ave.

*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 St. Peters Cem DATE OF BURIAL Aug 27 1929

20. UNDERTAKER Fred W. Williams ADDRESS 4607 Delmar



Name: Jacob B. Brownfield

Who died at: St. Louis Mo. on Aug 25, 1939,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: General Carcinomatosis

Primary Seat unknown

Contributory: Unknown

Where was disease contracted? _____

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