

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

Do not use this space.

32992
4222

1. PLACE OF DEATH

County Jackson Registration District No. 3-0
Township Law Primary Registration District No. 13065
City Kennett City (No. 3735 Euclid)

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

2. FULL NAME

Charles E. Brothersen
(a) Residence No. 3735 Euclid St. 13 Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 55 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 20, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
62 | 2 | 29

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired (10 years)
(b) General nature of industry, business, or establishment in which employed (or employer) Restaurant owner
(c) Name of employer _____

BIRTHPLACE (CITY OR TOWN) Chicago
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

INFORMANT Mrs. Anna Brothersen
(Address) 3735 Euclid

FILED 10-18-1930 W. N. Crow REGISTRAR
W. N. Crow

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 18, 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct. 6, 1930, to Oct. 17, 1930, that I last saw him alive on Oct. 17, 1930, and that death occurred, on the date stated above, at 8-30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aortic Insufficiency
121
1013
about (duration) 2 yrs. mos. ds.
CONTRIBUTORY Chronic nephritis
(SECONDARY) about (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) Harold B. Clark, M. D.
10-18-1930 (Address) 1223 Professional Bldg

*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 E. Linnwood DATE OF BURIAL Oct. 20, 1930

20. UNDERTAKER W. N. Newcomer's Sons ADDRESS 2111 E. 9th St.

Dr. Donald B. Clark
1223 Professional Bldg
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