

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

Do not use this space.

20678

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
 Township Washington Primary Registration District No. 1001  
 City St. Joseph No. Missouri North Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Plaucett, Mo. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28/1931

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	0	0	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Missouri

MOTHER FATHER 13. NAME Ira F. Brownell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plaucett, Missouri

MOTHER 15. MAIDEN NAME Helen Day

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plaucett, Missouri

17. INFORMANT Mrs. Lora Brownell  
 (ADDRESS) Plaucett, Mo. 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Valley Cem. DATE June 29, 1931

19. UNDERTAKER (ADDRESS) P. Didenaden  
10 1/2 St. Joseph

20. FILED 6-29-1931 John R. Bender  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1931

22. I HEREBY CERTIFY That I attended deceased from June 28, 1931, to June 29, 1931  
 I last saw him alive on June 28, 1931. Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

Premature  
suffocation due to  
premature respiration.

Other contributory causes of importance: 1608

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_  
 (Signed) L. H. Hertzog, M. D.  
 (Address) 1000 Broadway St. St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING 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.

JUL 22 1931

JUN 29 1931

