

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

Do not use this space.

3387

1. PLACE OF DEATH

County Mo Bapt. Hosp. Registration District No. 791
Township _____ Primary Registration District No. 1003
City St. Louis (No. _____) St. _____ Ward _____

File No. _____
Registered No. 1076

2. FULL NAME

(a) Residence, No. Huberville, Mo. St. W.R. Ward. Huberville, Mo.
(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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ilda Brown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16 - 1865
7. AGE YEARS 68 MONTHS 9 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
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) Jefferson Co. Mo.

13. NAME John Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Caroline Evans

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Thelma E. Brown
(ADDRESS) Huberville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethlehem, Mo. DATE Jan 29, 34

19. UNDERTAKER Wm F Barnhart
(ADDRESS) Crystal City, Mo.

20. FILED AN 29 1934
J. B. Beck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-27 1934
22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1923 to 1-27 1934
I last saw him alive on 1-27 1934 Death is said to have occurred on the date stated above, at 11:20 am.
The principal cause of death and related causes of importance were as follows:

acute dilatation of heart. Date of onset 1-26-34
Other contributory causes of importance: Hypertension of prostate

Name of operation Cristectomy of 1-26-34
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? no
If so, specify _____
(Signed) H. P. Drakey, M. D.
(Address) 2816 South
St. Louis, Mo.

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. FEB 27 1934

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