

REC'D APR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
2
1
CERTIFICATE OF DEATH10542
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
 (b) Township Jefferson City Primary Registration District No. 3114 Registered No. 113
 (c) City Jefferson City (d) Street No. 220 Pine St St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Brutus, Lelay Leroux 600
 (a) Residence, No. 220 Pine St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Anna Belle Leroux
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1st 1888
 7. AGE YEARS 56 MONTHS 1 DAYS 3 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. R.R. Engineer
 9. Industry or business in which work was done, as 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) Kentucky 1

FATHER 13. NAME unknown 9
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mrs Anna Belle Leroux
 (ADDRESS) 230 Pine, Jeff City Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Riverside DATE 4/6 1938

19. FUNERAL DIRECTOR (NAME) Wasson-Tanner
 (ADDRESS) 700 Jefferson St. Jeff C.

20. FILED 4/6/1 1938 D. S. Beaufort 111
 (Address) Jefferson City Mo
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4 1938
 22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1927, to Apr. 4, 1938
 I last saw him alive on Apr. 4, 1938. Death is said to have occurred on the date stated above, at 12 p. m.
 The principal cause of death and related causes of importance were as follows:

Date of onset 4/2/38
Pneumonia - Broncho
 Other contributory causes of importance:
Carcinoma of oesophagus 8/27
and stomach

Name of operation none Date of
 What test confirmed diagnosis? clinical 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) Subsop M. D.
 (Address) Jefferson City Mo

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MAY 2 1946

MINISTRY OF CIVIL SERVICE EMPLOYMENT
EMPLOYEE JAMES H. O'NEILL
STATE OF MASSACHUSETTS

JUL - 6 1950

MAY 2 1946

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

H. J. Casant

or by

Registered Apprentice No. working under my personal supervision.

Signed *H. J. Casant*

Licensed Embalmer No. 3779

P. O. Address 700 Jefferson Ct

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

10542
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
(b) Township _____ Primary Registration District No. 3014 Registered No. 113
(c) City Jefferson city (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Brutus Clay Crowe
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) apr 4 1938

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

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____

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

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
56 1 3

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

Pneumonia Bronchial Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Other contributory causes of importance:
Carcinoma of Esophagus and Stomach
don't know primary seat

FATHER 13. NAME _____

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED 4/6/1938 A. W. Bedford, M. D. Local Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) S. V. Bedford, M. D.
(Address) Jefferson City mo

SUPPLEMENTARY

UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
REGISTRY ALL NOT RECEIVE A FEE

